

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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

C Name of organization
NORTHEASTERN UNIVERSITY

% THOMAS NEDELL
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
360 HUNTINGTON AVENUE

City or town, state or province, country, and ZIP or foreign postal code
BOSTON, MA 02115

D Employer identification number
04-1679980

E Telephone number
(617) 373-5947

G Gross receipts \$ 2,484,234,813

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www.northeastern.edu

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1898

M State of legal domicile: MA

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	37
4 Number of independent voting members of the governing body (Part VI, line 1b)	36
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	18,425
6 Total number of volunteers (estimate if necessary)	4,300
7a Total unrelated business revenue from Part VIII, column (C), line 12	389,844
7b Net unrelated business taxable income from Form 990-T, line 39	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	245,788,000	309,006,000
9 Program service revenue (Part VIII, line 2g)	1,525,796,002	1,550,791,638
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	47,452,113	74,068,219
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,556,247	9,766,716
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,828,592,362	1,943,632,573
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	384,389,456	406,984,576
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)	698,200,632	736,582,874
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 22,289,720		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	541,286,011	560,456,592
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,623,876,099	1,704,024,042
19 Revenue less expenses. Subtract line 18 from line 12	204,716,263	239,608,531
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,421,451,000	3,597,441,000
21 Total liabilities (Part X, line 26)	1,397,494,000	1,379,607,000
22 Net assets or fund balances. Subtract line 21 from line 20	2,023,957,000	2,217,834,000

Part II Signature Block

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

Sign Here Signature of officer: THOMAS NEDELL SVP FINANCE & TREAS
Date: 2021-05-10

Paid Preparer Use Only
Print/Type preparer's name: PricewaterhouseCoopers LLP
Preparer's signature: [Signature]
Date: 2021-05-04
Check if self-employed
PTIN: P00641463
Firm's name: PricewaterhouseCoopers LLP
Firm's EIN: [EIN]
Firm's address: 101 SEAPORT BLVD SUITE 500 BOSTON, MA 02210
Phone no. (617) 530-5000

Part III Statement of Program Service 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 \$ 482,190,000 including grants of \$) (Revenue \$ 1,431,205,638)
See Additional Data

4b (Code:) (Expenses \$ 369,415,227 including grants of \$ 369,415,227) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 127,181,000 including grants of \$) (Revenue \$ 119,586,000)
See Additional Data

4d Other program services (Describe in Schedule O.)
(Expenses \$ 575,759,871 including grants of \$ 37,569,349) (Revenue \$ 0)

4e Total program service expenses ► 1,554,546,098

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, 12, 14, and 20.

Part IV Checklist of Required Schedules (continued)

		Yes	No	
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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	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

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	34,834	
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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 18,425				
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? <i>If "No" to line 3b, provide an explanation in Schedule O . . .</i>			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	Yes	
b If "Yes," enter the name of the foreign country: CA, UK					
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		
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?					
9 Sponsoring organizations maintaining donor advised funds.					
a 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?					
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? <i>If "No," provide an explanation in Schedule O . . .</i>			14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15	Yes	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . If "Yes," complete Form 4720, Schedule O.			16		No

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



Section A. Governing Body and Management

Table with 5 main rows and 3 sub-columns (1a, 1b, and Yes/No). Rows include: 1a (37), 1b (36), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 10 main rows and 3 sub-columns (10a, 10b, and Yes/No). Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (Yes), 16b (Yes).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: CO, MD, MA, MI, NH, NY, OH, OR, SC, WI
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: THOMAS NEDELL 360 HUNTINGTON AVE BOSTON, MA 02115 (617) 373-5374

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

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

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

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

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

● List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

● List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

● List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes a row for 'See Additional Data Table'.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c). Values: 12,672,166; 0; 1,862,353.

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 ▶ 1,488

Questions 3, 4, 5 regarding compensation reporting. Includes Yes/No columns and question numbers 3, 4, 5.

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.

Table for independent contractors with columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like GILBANE BUILDING COMPANY, COMPASS GROUP, SKANSKA USA BUILDING INC, ABM INDUSTRY GROUPS LLC, and Payette Associates Inc.

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 ▶ 341

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c	89,315		
	d Related organizations	1d			
	e Government grants (contributions)	1e	142,502,488		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	166,414,197		
	g Noncash contributions included in lines 1a - 1f:\$	1g	7,495,200		
	h Total. Add lines 1a-1f		309,006,000		

Program Service Revenue			Business Code			
	2a TUITION,RM BD,FEES		900099	1,545,891,212	1,545,891,212	
b PARKING		812930	2,696,779			2,696,779
c FOOD SERVICE		900099	2,203,647			2,203,647
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			1,550,791,638			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			24,787,846		-168,553	24,956,399	
	4 Income from investment of tax-exempt bond proceeds			12,043			12,043	
	5 Royalties			943,333			943,333	
	6a Gross rents	6a	(i) Real					
			(ii) Personal					
		b Less: rental expenses	6b	3,359,673				
		c Rental income or (loss)	6c	8,292,551	0			
	d Net rental income or (loss)			8,292,551			8,292,551	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other					
		b Less: cost or other basis and sales expenses	7b	537,163,719				
		c Gain or (loss)	7c	49,268,330				
	d Net gain or (loss)			49,268,330			49,268,330	
	8a Gross income from fundraising events (not including \$ 89,315 of contributions reported on line 1c). See Part IV, line 18	8a			51,283			
			8b		78,848			
		c Net income or (loss) from fundraising events			-27,565			-27,565
	9a Gross income from gaming activities. See Part IV, line 19	9a			0			
			9b		0			
		c Net income or (loss) from gaming activities			0			0
	10a Gross sales of inventory, less returns and allowances	10a			0			
10b				0				
c Net income or (loss) from sales of inventory				0			0	
Miscellaneous Revenue		Business Code						
11a CONFERENCE CENTERS/ARENA		532000	14,400		14,400			
b ADVERTISING/SPORTS INCOME		900099	79,459		79,459			
c FEE FOR SERVICE INCOME		900099	464,538		464,538			
d All other revenue								
e Total. Add lines 11a-11d			558,397					
12 Total revenue. See instructions			1,943,632,573	1,545,891,212	389,844	88,345,517		

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	36,994,972	36,994,972		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	369,415,227	369,415,227		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	574,377	574,377		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	10,021,898	2,909,886	6,134,233	977,779
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	846,959	846,959		
7 Other salaries and wages	592,343,904	538,380,532	41,894,157	12,069,215
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	35,779,772	32,520,184	2,530,563	729,025
9 Other employee benefits	62,849,041	57,123,404	5,721,444	4,193
10 Payroll taxes	34,741,300	31,576,318	2,457,116	707,866
11 Fees for services (non-employees):				
a Management	610,979	610,979		
b Legal	4,776,067	27,269	4,748,798	
c Accounting	713,459		713,459	
d Lobbying	215,844	198,320	17,524	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	2,818,014		2,818,014	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	16,444,960	16,435,224	9,280	456
12 Advertising and promotion	6,437,263	4,644,659	1,779,874	12,730
13 Office expenses	40,840,995	35,949,203	3,269,702	1,622,090
14 Information technology	50,595,575	35,442,200	15,153,375	
15 Royalties	193,410	193,386		24
16 Occupancy	71,304,828	68,693,149	2,434,626	177,053
17 Travel	23,055,556	21,707,335	837,871	510,350
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,738,600	2,400,388	296,840	41,372
20 Interest	36,241,814	34,582,045	1,288,552	371,217
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	75,513,890	60,610,205	11,815,255	3,088,430
23 Insurance	3,410,911	1,120,322	2,290,589	
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	55,747,827	48,195,708	6,971,237	580,882
b EQUIPMENT	26,363,846	26,045,816	287,208	30,822
c MEAL PLAN AND FOOD COST	23,249,287	22,733,836	334,113	181,338
d PUB, BOOKS, & SUBSCRIPTIONS	16,996,321	13,979,049	2,784,562	232,710
e All other expenses	102,187,146	90,635,146	10,599,832	952,168
25 Total functional expenses. Add lines 1 through 24e	1,704,024,042	1,554,546,098	127,188,224	22,289,720
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	18,970,000	1	42,569,000
	2 Savings and temporary cash investments	319,233,000	2	438,744,000
	3 Pledges and grants receivable, net	103,653,000	3	190,953,000
	4 Accounts receivable, net	87,927,000	4	64,873,000
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	195,000
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	25,520,000	7	20,946,000
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	15,662,000	9	10,232,000
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,518,460,000		
	b Less: accumulated depreciation	901,531,000		
		1,543,666,000	10c	1,616,929,000
	11 Investments—publicly traded securities	701,025,000	11	434,667,000
	12 Investments—other securities. See Part IV, line 11	572,043,000	12	726,052,000
	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	33,752,000	15	51,281,000	
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,421,451,000	16	3,597,441,000	
Liabilities	17 Accounts payable and accrued expenses	194,523,000	17	196,384,000
	18 Grants payable	9,204,000	18	10,753,000
	19 Deferred revenue	193,038,000	19	190,125,000
	20 Tax-exempt bond liabilities	688,839,000	20	637,605,000
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	209,065,000	23	201,070,000
	24 Unsecured notes and loans payable to unrelated third parties	125,000	24	30,932,000
	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	102,700,000	25	112,738,000
	26 Total liabilities. Add lines 17 through 25	1,397,494,000	26	1,379,607,000
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,427,755,000	27	1,509,658,000
	28 Net assets with donor restrictions	596,202,000	28	708,176,000
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	2,023,957,000	32	2,217,834,000	
33 Total liabilities and net assets/fund balances	3,421,451,000	33	3,597,441,000	

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	1,943,632,573
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,704,024,042
3	Revenue less expenses. Subtract line 2 from line 1	3	239,608,531
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,023,957,000
5	Net unrealized gains (losses) on investments	5	-22,264,000
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	-23,467,531
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,217,834,000

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID:

Software Version:

EIN: 04-1679980

Name: NORTHEASTERN UNIVERSITY

Form 990 (2019)

Form 990, Part III, Line 4a:

Instruction NORTHEASTERN ENABLES 39,730 STUDENTS TO FULFILL THEIR EDUCATIONAL GOALS BY PROVIDING TEACHING AND ADVISING THAT RESULT IN THE GRANTING OF ASSOCIATE, BACHELOR, MASTER AND DOCTORAL DEGREES IN A VARIETY OF ACADEMIC DISCIPLINES. THE UNIVERSITY'S ACADEMIC AREA CONSISTS OF THE BOUVE COLLEGE OF HEALTH SCIENCE, COLLEGE OF ARTS, MEDIA AND DESIGN, D'AMORE-MCKIM SCHOOL OF BUSINESS, COLLEGE OF COMPUTER AND INFORMATION SCIENCE, COLLEGE OF ENGINEERING, COLLEGE OF PROFESSIONAL STUDIES, COLLEGE OF SCIENCE, COLLEGE OF SOCIAL SCIENCES AND HUMANITIES, AND SCHOOL OF LAW.

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

Auxiliary enterprises NORTHEASTERN PROVIDES STUDENT HOUSING IN 34 RESIDENTIAL BUILDINGS AND OTHER RELATED PROGRAM SERVICES.

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				1,338,276	0	384,497
Diane N MacGillivray SVP of University Advancement	40.0 0.0			X				1,073,403	0	107,200
Jim Bean Provost & SVP Academic Affairs	40.0 0.0			X				834,323	0	44,817
Ralph C Martin II SVP and General Counsel	40.0 0.0			X				785,033	0	89,909
Thomas Nedell SVP Finance and Treasurer	40.0 0.0			X				690,360	0	173,406
Carla Brodley Dean-Computer & Info Science	40.0 0.0					X		591,210	0	143,225
Kenneth W Henderson Chancellor and SVP Learning	40.0 0.0			X				608,477	0	86,798
Philomena V Mantella Fmr SVP & CEO Life. Learn. Net	40.0 0.0						X	645,217	0	43,833
Raj Echambadi Dunton Family Deanship	40.0 0.0				X			624,926	0	58,852
David Luzzi Sr Vice Provost - Research	40.0 0.0					X		611,008	0	58,474

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 Coen Head Coach Men's Basketball	40.0 0.0					X		601,141	0	66,019
Albert-Laszlo Barabasi Univ. Distinguished Professor	40.0 0.0					X		574,761	0	59,315
Alexandros Makriyannis George D. Behrakis Chair	40.0 0.0					X		583,252	0	30,085
Michael A Armini SVP - External Affairs	40.0 0.0			X				508,989	0	96,126
Mary Loeffelholz Dean - CPS	40.0 0.0				X			403,771	0	41,176
Sundar Kumarasamy VP - Enrollment Management	40.0 0.0				X			337,998	0	85,428
Jacqueline Isaacs Interim Dean - COE	40.0 0.0				X			372,838	0	29,380
Carmen Sceppa Dean - Bouv Health Sciences	40.0 0.0				X			330,521	0	65,209
Nadine Aubry Fmr Dean - COE	40.0 0.0				X			344,655	0	44,576
Hugh Courtney Professor	40.0 0.0						X	319,746	0	58,295

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			
Jack Reynolds Asst. Dean Bouv, Dean & Prof Phar	40.0 0.0						X	274,723	0	55,190
Susan L Parish Fmr Dean-Bouv Health Sciences	40.0 0.0				X			217,538	0	40,543
Jeffrey S Bornstein Trustee	1.0 0.0	X						0	0	0
Jeffrey J Clarke Trustee	1.0 0.0	X						0	0	0
William J Conley Trustee	2.0 0.0	X						0	0	0
William J Cotter Trustee	1.0 0.0	X						0	0	0
Richard A D'Amore Trustee/Chair	5.0 0.0	X						0	0	0
Susan Deitch Trustee	1.0 0.0	X						0	0	0
Deborah Dunsire Trustee	1.0 0.0	X						0	0	0
Spencer T Fung Trustee	1.0 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Edward Galante Trustee	2.0 0.0	X						0	0	0
Sir Lucian Grainge CBE Trustee	1.0 0.0	X						0	0	0
David House Trustee	1.0 0.0	X						0	0	0
William S Howard Trustee	1.0 0.0	X						0	0	0
Frances N Janis Trustee	1.0 0.0	X						0	0	0
Chaitanya Kanojia Trustee	1.0 0.0	X						0	0	0
Amin Khoury Trustee	1.0 0.0	X						0	0	0
Venetia Kontogouris Trustee	1.0 0.0	X						0	0	0
William A Lowell Trustee	2.0 0.0	X						0	0	0
Alan S McKim Trustee	2.0 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Todd M Manganaro Trustee	1.0 0.0	X						0	0	0
Henry J Nasella Trustee	1.0 0.0	X						0	0	0
Anita Nassar Trustee	1.0 0.0	X						0	0	0
James Pallotta Trustee	1.0 0.0	X						0	0	0
John V Pulichino Trustee	1.0 0.0	X						0	0	0
Marcy L Reed Trustee	2.0 0.0	X						0	0	0
Winslow L Sargeant Trustee	1.0 0.0	X						0	0	0
Jeannine P Sargent Trustee	1.0 0.0	X						0	0	0
Ronald Sargent Trustee	1.0 0.0	X						0	0	0
Maha Shair Trustee	1.0 0.0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Seymour Sternberg Trustee	1.0 0.0	X						0	0	0
Melpomeni Travlos Trustee	1.0 0.0	X						0	0	0
Jean-Pascal Tricoire Trustee	1.0 0.0	X						0	0	0
Joseph M Tucci Trustee	1.0 0.0	X						0	0	0
Christopher A Viehbacher Trustee	1.0 0.0	X						0	0	0
Christophe P Weber Trustee	1.0 0.0	X						0	0	0
Arthur Zafiropoulo Trustee	1.0 0.0	X						0	0	0
Michael J Zamkow Trustee	2.0 0.0	X						0	0	0
David Madigan Provost & SVP-appointed 6/5/20	40.0 0.0			X				0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEASTERN UNIVERSITY

Employer identification number
04-1679980

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	132,188,000	148,799,000	180,241,000	245,788,000	309,006,000	1,016,022,000
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4 Total. Add lines 1 through 3	132,188,000	148,799,000	180,241,000	245,788,000	309,006,000	1,016,022,000
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						38,553,792
6 Public support. Subtract line 5 from line 4.						977,468,208

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	132,188,000	148,799,000	180,241,000	245,788,000	309,006,000	1,016,022,000
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,132,837	27,460,914	32,575,360	41,364,760	37,563,999	164,097,870
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.).	124,169	94,986	132,569			351,724
11 Total support. Add lines 7 through 10						1,180,471,594
12 Gross receipts from related activities, etc. (see instructions)					12	7,032,761,042

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 2019 (line 6, column (f) divided by line 11, column (f))	14	82.803 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	82.145 %

16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

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Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals **(b)** Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

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? Yes 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		248,320
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		17,524
j	Total. Add lines 1c through 1i			265,844
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1	The University retains legal counsel and other firms and employs staff who perform occasional lobbying activities. The University also pays membership dues to membership organizations which may engage in lobbying activities. Lobbying activities are focused on the interests of Northeastern University (including scientific research & student aid), its students and the higher education industry. During Fiscal Year 2020, payments for these services totaled \$265,844.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

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

Name of the organization
NORTHEASTERN UNIVERSITY

Employer identification number
04-1679980

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

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

Part II Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,130,257,000	881,994,000	833,321,000	748,849,000	792,626,000
b Contributions	3,851,000	218,161,000	8,187,000	11,149,000	8,951,000
c Net investment earnings, gains, and losses	40,961,000	64,539,000	69,901,000	103,885,000	-22,075,000
d Grants or scholarships	33,715,000	28,306,000	25,401,000	24,297,000	23,370,000
e Other expenditures for facilities and programs	3,496,000	4,178,000	2,090,000	4,155,000	5,677,000
f Administrative expenses	2,405,000	1,953,000	1,924,000	2,110,000	1,606,000
g End of year balance	1,135,453,000	1,130,257,000	881,994,000	833,321,000	748,849,000

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 58.800 %
 - b** Permanent endowment ▶ 39.450 %
 - 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:
- | | | |
|--|------------|-----------|
| | Yes | No |
| (i) unrelated organizations | | |
| (ii) related organizations | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		28,498,000		28,498,000
b Buildings		2,098,357,000	639,065,000	1,459,292,000
c Leasehold improvements				
d Equipment		391,605,000	262,466,000	129,139,000
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,616,929,000

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) PRIVATE EQUITY	208,317,000	F
(B) HEDGE FUNDS	500,735,000	F
(C) OTHER INVESTMENTS	17,000,000	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	726,052,000	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) CAPITAL LEASE	21,424,000
(3) INTEREST RATE SWAP AGREEMENTS	67,310,000
(4) FEDERALLY FUNDED LOANS	24,004,000
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	112,738,000

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

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

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

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 04-1679980

Name: NORTHEASTERN UNIVERSITY

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART X, LINE 2	GAAP requires that Northeastern evaluate tax positions taken by the University and recognize a tax liability (or asset) if the University has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service ("IRS"). The University has analyzed the tax positions taken and has concluded that as of June 30, 2020, there are no significant uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury
Name of the organization
NORTHEASTERN UNIVERSITY

Employer identification number
04-1679980

Part I

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

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

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

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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" on 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** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total					25,955,681
b Total from continuation sheets to Part I	2	31			147,223,019
c Totals (add lines 3a and 3b)	2	31			173,178,700

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	See Add'l Data								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 5

3 Enter total number of other organizations or entities ▶ 3

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
See Add'l Data							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

Additional Data

Software ID:

Software Version:

EIN: 04-1679980

Name: NORTHEASTERN UNIVERSITY

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	Conference/Workshops	20,688
Central America and the Caribbean			Program Services	Program Development	46,372

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	8,758
Central America and the Caribbean			Program Services	Research	3,820

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean			Program Services	Study Abroad	90,731
East Asia and the Pacific			Program Services	Conference/Workshops	84,481

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	Program Development	83,254
East Asia and the Pacific			Program Services	Recruiting	4,817,095

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	Research	45,011
East Asia and the Pacific			Program Services	Study Abroad	2,882,930

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	231,829
Europe (Including Iceland and Greenland)			Program Services	Co-op Job Development	5,288

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	Program Development	681,188
Europe (Including Iceland and Greenland)			Program Services	Recruiting	81,156

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	Research	205,378
Europe (Including Iceland and Greenland)			Program Services	Study Abroad	16,657,828

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	9,874
Middle East and North Africa			Program Services	Program Development	15,875

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Program Services	Recruiting	16,075
Middle East and North Africa			Program Services	Research	4,179

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Program Services	Study Abroad	1,169
North America			Program Services	Conference/Workshops	218,800

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	4,731
North America	2	31	Program Services	Program Development	381,688

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Program Services	Recruiting	235,027
North America			Program Services	Research	146,579

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Program Services	Study Abroad	1,876,768
Russia and the Newly Independent States			Program Services	Conference/Workshops	153

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	Program Development	774
Russia and the Newly Independent States			Program Services	Recruiting	1,222

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	Research	97
Russia and the Newly Independent States			Program Services	Study Abroad	26,475

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	Conference/Workshops	3,514
South America			Program Services	Program Development	8,940

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	Recruiting	11,164
South America			Program Services	Research	4,031

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	210,512
South Asia			Program Services	Conference/Workshops	11,526

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	Program Development	100,643
South Asia			Program Services	Recruiting	182,715

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Program Services	Study Abroad	94,876
Sub-Saharan Africa			Program Services	Conference/Workshops	3,820

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	Program Development	3,641
Sub-Saharan Africa			Program Services	Recruiting	3,456

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Program Services	Research	3,457
Sub-Saharan Africa			Program Services	Study Abroad	266,052

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			Investments		236,957
Central America and the Caribbean			Investments		91,646,784

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		50,926,942
East Asia and the Pacific			Grantmaking		31,975

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
Europe (Including Iceland and Greenland)			Grantmaking		415,216
Middle East and North Africa			Grantmaking		31,014

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			Grantmaking		63,516
Russia and the Newly Independent States			Grantmaking		2,000

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			Grantmaking		22,256
Sub-Saharan Africa			Grantmaking		8,400

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	SUB-AWARD	11,944	CHECK			
		North America	SUB-AWARD	50,572	CHECK			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East and North Africa	SUB-AWARD	29,726	CHECK			
		Europe/Iceland/Greenland	SUB-AWARD	76,253	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/Iceland/Greenland	SUB-AWARD	44,055	CHECK			
		Europe/Iceland/Greenland	SUB-AWARD	168,700	CHECK			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe/Iceland/Greenland	SUB-AWARD	95,075	CHECK			
		Europe/Iceland/Greenland	SUB-AWARD	31,133	CHECK			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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)
STUDENT FINANCIAL AID	North America	1			1,000	TUITION OFFSET	COST
STUDENT FINANCIAL AID	East Asia and the Pacific	4			31,975	TUITION OFFSET	COST

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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)
STUDENT FINANCIAL AID	Russia and the Newly Independent States	1			2,000	TUITION OFFSET	COST
STUDENT FINANCIAL AID	South Asia	2			22,256	TUITION OFFSET	COST

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S							
(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)
STUDENT FINANCIAL AID	Sub-Saharan Africa	2			8,400	TUITION OFFSET	COST

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization NORTHEASTERN UNIVERSITY

Employer identification number 04-1679980

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Ice Hockey Golf</u> (event type)	<u>Baseball Lead</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	65,407	35,832	39,359	140,598
	2 Less: Contributions	46,167	24,650	18,498	89,315
	3 Gross income (line 1 minus line 2)	19,240	11,182	20,861	51,283
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	11,767	7,685	13,208	32,660
	7 Food and beverages	11,264	13,699	6,025	30,988
	8 Entertainment				
	9 Other direct expenses	10,952	4,109	139	15,200
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				78,848
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-27,565	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization NORTHEASTERN UNIVERSITY

Employer identification number

04-1679980

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 103
3 Enter total number of other organizations listed in the line 1 table 27

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) STUDENT FINANCIAL AID	15625		364,040,519	COST	TUITION OFFSET
(2) COVID-19 Relief Aid to Students	2063	5,374,708			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The University of Central Florida Board of Trustee 12716 Pegasus Drive Orlando, FL 32816	59-2924021	115	42,051				SUB-AWARD
Advent Technologies One Mifflin Place Cambridge, MA 02138	46-1313565	N/A	49,999				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
Beth Israel Deaconess Medical Center Inc 330 Brookline Avenue Boston, MA 02115	04-1203881	501(c)(3)	371,658				SUB-AWARD
Board of Trustees of Whitman College 345 Boyer Ave Walla Walla, WA 99362	91-0567740	501(c)(3)	21,607				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 Childrens Hospital 300 Longwood Avenue Boston, MA 02115	04-2774441	501(c)(3)	202,341				SUB-AWARD
Boston Medical Center Corporation 1 Boston Med Center Pl Boston, MA 02118	47-3314093	501(c)(3)	119,718				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)	984,907				SUB-AWARD
Brigham and Women's Hospital Inc 75 Francis Street Boston, MA 02115	04-2312909	501(c)(3)	11,164				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
Brown University 164 Angell Street Providence, RI 02912	05-0258809	501(c)(3)	202,499				SUB-AWARD
Butler Hospital 345 Blackstone Blvd Providence, RI 02906	05-0258812	501(c)(3)	44,100				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
California Institute of Technology 1200 E California Blvd Pasadena, CA 91125	95-1643307	501(C)(3)	64,026				SUB-AWARD
Carnegie Mellon University PO Box 371032 PITTSBURGH, PA 15250	25-0969449	501(c)(3)	119,384				SUB-AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Case Western Reserve University 10900 Euclid Avenue Cleveland, OH 44106	34-1018992	501(c)(3)	143,567				SUB-AWARD
Clark Atlanta University Inc 223 James P Brawley Dr Atlanta, GA 30314	58-1825259	501(c)(3)	274,251				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
Colorado State University 633 17th Street Denver, CO 80202	84-0644739	115	68,826				SUB-AWARD
Columbia University PO Box 29789 New York, NY 10087	13-5598093	501(c)(3)	45,311				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
Concurrent Technologies Corporation ATTN Accounts Rec Johnstown, PA 15904	25-1556708	501(c)(3)	781,327				SUB-AWARD
Cornell University 136 Hoy Road Ithaca, NY 14853	15-0532082	501(c)(3)	169,397				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
Dana-Farber Cancer Institute Inc 44 Binney Street Boston, MA 02115	04-2263040	501(c)(3)	171,867				SUB-AWARD
DB Consulting 8401 Colesville Rd Silver Spring, MA 20910	52-2274227	N/A	72,091				SUB-AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Duke University 2200 West Main Street Durham, NC 27705	56-0532129	501(c)(3)	109,809				SUB-AWARD
Emma Pendelton Bradley Hospital 110 Veterans Mem Pkwy Providence, RI 02915	05-0258806	501(c)(3)	13,122				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
Florida International University 600 W College Ave Tallahassee, FL 32306	59-1961248	115	161,828				SUB-AWARD
General Dynamics Mission Systems Inc 12450 Fair Lakes Circle Fairfax, VA 22033	45-0484950	N/A	83,243				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
General Hospital Corporation Rich B Simches Res Ctr Boston, MA 02114	04-2697983	501(c)(3)	1,125,079				SUB-AWARD
Hampton University 100 E Queen Street Hampton, VA 23668	54-0505990	501(c)(3)	17,597				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 Medical School 77 Ave Louis Pasteur Boston, MA 02115	04-2103580	501(c)(3)	433,514				SUB-AWARD
Harvard Pilgrim Health Care Inc 133 Brookline Ave Boston, MA 02215	04-2452600	501(c)(3)	39,600				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
Indicium Data Insight LLC 150 Brittany Way Blue Bell, PA 19422	27-0406642	501(c)(3)	47,625				SUB-AWARD
Indiana University 509 E 3rd Street Bloomington, IN 47401	35-6001673	115	150,497				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
Intellisense Systems Inc 20600 Gramercy Place Torrance, CA 90501	82-3054429	N/A	325,546				SUB-AWARD
IXS Holdings Inc 301 James Record RD Huntsville, AL 35824	38-3937043	N/A	30,000				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
J Craig Venter Institute 4120 Capricorn Lane La Jolla, CA 92037	52-1842938	501(c)(3)	606,307				SUB-AWARD
Louisiana State University Off of Accting Serv Baton Rouge, LA 70803	72-6000848	501(c)(3)	159,391				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
Lukla Inc 1430 SE Third Avenue Portland, OR 97214	83-1089488	N/A	213,918				SUB-AWARD
Marquette University 1324 W Wisconsin Ave Milwaukee, WI 53233	39-0806251	501(c)(3)	234,281				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
Massachusetts Institute of Technology 77 Massachusetts Ave Cambridge, MA 02139	04-2103594	501(c)(3)	1,265,797				SUB-AWARD
Massachusetts Materials Technologies LLC 167 Prospect Street Waltham, MA 02453	46-5654253	N/A	100,000				SUB-AWARD

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MassBay Community College 50 Oakland Street Wellesley Hills, MA 02481	04-6002284	115	7,148				SUB-AWARD
MassRobotics Inc 12 Channel Street Boston, MA 02210	47-1919754	501(c)(3)	5,452				SUB-AWARD

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Middlesex Community College 33 Kearney Square Lowell, MA 01852	04-2720058	115	174,467				SUB-AWARD
National Fire Protection Research F 1 Batterymarch Park Quincy, MA 02169	52-1256543	N/A	5,684				SUB-AWARD

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New England College of Optometry 424 Beacon St Boston, MA 02115	04-1591060	501(c)(3)	109,354				SUB-AWARD
New Jersey Institute of Technology University Heights Newark, NJ 07102	22-1714037	501(c)(3)	15,761				SUB-AWARD

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New Mexico Institute of Mining and Technology 801 Leroy Pl Socorro, NM 87801	85-6000411	501(c)(3)	9,610				SUB-AWARD
Northern Essex Community College 100 Elliot St Haverhill, MA 01830	04-2498732	115	16,026				SUB-AWARD

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Northrop Grumman Corporation 600 S Hicks Road Rolling Meadows, IL 60008	95-1055798	N/A	302,929				SUB-AWARD
Northwestern University 2233 Tech Drive Evanston, IL 60208	36-2167817	501(c)(3)	55,868				SUB-AWARD

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Novobiotic Pharmaceuticals LLC 767C Concord Avenue Cambridge, MA 02138	04-2887211	N/A	485,141				SUB-AWARD
Ohio State University 1960 Kenny Road Columbus, OH 43210	31-6025986	115	72,225				SUB-AWARD

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President & Fellows of Harvard College 1350 Massachusetts Ave Cambridge, MA 02138	04-2103580	501(c)(3)	206,984				SUB-AWARD
President and Trustees of Bates College 2 Andrew Rd Lewiston, ME 04240	01-0211781	501(C)(3)	22,984				SUB-AWARD

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Purdue University 1065 Freehafer Hall LAFAYETTE, IN 47907	35-6002041	501(c)(3)	419,390				SUB-AWARD
Quadridox Inc 4306 Sugar Pine Ln Durham, NC 27705	82-5205596	N/A	160,200				SUB-AWARD

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Raytheon Company 870 Winter Street Waltham, MA 02451	95-1778500	N/A	132,405				SUB-AWARD
Recinto De Ciencias Medicas Off of Spr Pgm San Juan, PR 00936	66-0433762	N/A	545,387				SUB-AWARD

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Regents of the Univ of California 1 Shields Ave Davis, CA 95617	94-6036494	115	20,709				SUB-AWARD
Rensselaer Polytechnic Institute 110 8th Street Troy, NY 12180	14-1340095	501(c)(3)	211,316				SUB-AWARD

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Research Foundation for The State University of Ne 402 Crofts Hall Buffalo, NY 14260	14-1368361	115	299,638				SUB-AWARD
Rhode Island Hospital 593 Eddy Street Providence, RI 02903	05-0258954	501(c)(3)	361,325				SUB-AWARD

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Rogers Corporation 2225 W Chandler Blvd Chandler, AZ 85224	06-0513860	N/A	128,400				SUB-AWARD
Rowan University 201 Mullica Hill Rd Glassboro, NJ 08028	22-2764819	115	41,478				SUB-AWARD

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Cich Solutions 8727 Glencoe Circle Wauwatosa, WI 53226	39-5948991	N/A	54,500				SUB-AWARD
Rutgers The State University 110 Frelinghuysen Road Piscataway, NJ 08854	22-6001086	115	163,685				SUB-AWARD

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Saint Louis University 1 N Grand Blvd St Louis, MO 63103	43-0654872	115	55,738				SUB-AWARD
San Francisco State University 1600 Holloway Ave San Francisco, CA 94132	93-1137247	115	32,801				SUB-AWARD

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Scripps Research Institute 10550 N Torrey Pines Rd La Jolla, CA 92037	33-0435954	501(c)(3)	241,939				SUB-AWARD
Cognoscenti 408 Adair Drive Richland, WA 99352	53-3085815	N/A	23,000				SUB-AWARD

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Silent Spring Institute 29 Crafts St Newton, MA 02458	04-3237106	501(c)(3)	87,971				SUB-AWARD
Solvus Global LLC 104 Prescott St Worcester, MA 01605	82-2524070	N/A	819,975				SUB-AWARD

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Southwest Research Institute 8329 No MoPac Expr San Antonio, TX 78759	74-1070544	N/A	46,940				SUB-AWARD
Sri International 333 Ravenwood Avenue Menlo Park, CA 94025	94-1160950	501(c)(3)	214,592				SUB-AWARD

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Suffolk University 8 Ashburton Place Boston, MA 02108	04-2133255	501(c)(3)	42,061				SUB-AWARD
Survive Engineering Company LLC 4695 Millennium Drive Belcamp, MD 21017	20-8268821	N/A	54,760				SUB-AWARD

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Technical Education Research Center 2067 Mass Avenue Cambridge, MA 02140	04-6134355	501(c)(3)	27,843				SUB-AWARD
Temple University 1801 N Broad St Philadelphia, PA 19122	23-1365971	501(c)(3)	387,421				SUB-AWARD

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Texas A&M University System 400 HM Pkwy College Station, TX 77845	74-6000531	501(c)(3)	57,635				SUB-AWARD
The Catholic University of America 620 Michigan Ave NE Washington, DC 20064	53-0196583	501(c)(3)	58,395				SUB-AWARD

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The McLean Hospital Corporation 115 Mill Street Belmont, MA 02478	04-2697981	115	384,173				SUB-AWARD
The University of Texas MD Anderson 1515 Holcomb Blvd Houston, TX 77030	74-6001118	501(c)(3)	144,156				SUB-AWARD

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Trustees of Boston College 140 Cmwlth Ave Chestnut Hill, MA 02467	04-2103545	501(c)(3)	19,915				SUB-AWARD
Trustees of the University of Penns PO Box 785541 Philaladelphia, PA 19178	23-1352685	501(c)(3)	34,565				SUB-AWARD

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Tufts University 169 Holland Street Somerville, MA 02144	04-2103634	501(c)(3)	855,631				SUB-AWARD
Tufts Medical Center 169 Holland Street Somerville, MA 02145	04-2103635	501(c)(3)	92,100				SUB-AWARD

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United Technologies Corporation PO Box 416678 Boston, MA 02241	06-0570975	N/A	107,440				SUB-AWARD
Univeristy of Texas Medical Branch at Galveston 301 University Blvd Galveston, TX 77555	17-4600094	115	118,667				SUB-AWARD

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University Of Alabama Box 870104 Tuscaloosa, AL 35487	63-6001138	115	179,970				SUB-AWARD
University Of Ca At San Diego 9500 Gilman Drive La Jolla, CA 92093	95-6006144	115	7,049				SUB-AWARD

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University of California 3227 Cheadle Hall Los Angeles, CA 93106	94-6002123	115	37,774				SUB-AWARD
University of Connecticut 438 Whitney Street Storrs, CT 06269	06-0772160	115	176,328				SUB-AWARD

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University of Connecticut Health Center 263 Farmington Ave Farmington, CT 06032	52-1725543	115	159,636				SUB-AWARD
University Of Delaware 621 S College Ave Newark, DE 19716	51-6000297	115	193,510				SUB-AWARD

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University Of Georgia 424 East Broad Street Athens, GA 30602	58-6001998	501(c)(3)	416,624				SUB-AWARD
University of Georgia Research Foundation Inc 310 E Campus Road Athens, GA 30602	58-1353149	501(c)(3)	1,446,019				SUB-AWARD

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University Of Hawaii 2440 Campus Rd Honolulu, HI 96822	99-6000354	115	38,667				SUB-AWARD
University of Houston 4800 Calhoun Rd Houston, TX 77004	74-6001399	115	869,709				SUB-AWARD

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University of Maryland 3112 Lee Building College Park, MD 20742	52-6002033	115	137,653				SUB-AWARD
University of Massachusetts Lowell 600 Suffolk Street Lowell, MA 01854	04-3167352	115	54,362				SUB-AWARD

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University of Michigan 3089 Wolverine Tower Ann Arbor, MI 48109	38-6006309	115	2,076,187				SUB-AWARD
University of Nebraska 312 N 14th St Alex West Lincoln, NE 68588	47-0049123	115	29,469				SUB-AWARD

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UNIVERSITY OF NORTH CAROLINA AT CHARLOTTE 9201 Univ City Blvd Charlotte, NC 28223	56-0791228	115	39,999				SUB-AWARD
University of North Texas 1155 Union Circle Denton, TX 76203	75-6002149	115	211,671				SUB-AWARD

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University Of Notre Dame 415 Main Bldg Notre Dame, IN 46556	35-0868188	501(c)(3)	458,316				SUB-AWARD
University of Oregon Cashier Univ of Oregon Eugene, OR 97403	46-4727800	115	9,117				SUB-AWARD

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University of Puerto Rico - Mayaguez Campus 259 Blvd Alfonso Valdez Mayaguez, PR 00680	66-0433761	115	326,720				SUB-AWARD
University Of Rhode Island 70 Lower College Road Kingston, RI 02881	22-3011455	115	1,055,397				SUB-AWARD

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University of Rochester 910 Genesee Street Rochester, NY 14611	16-0743209	501(c)(3)	110,960				SUB-AWARD
University of South Carolina 1600 Hampton Street Columbia, SC 29208	57-6001153	115	173,844				SUB-AWARD

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University of Southern California 3500 So Figueroa St Los Angeles, CA 90089	95-1642394	501(C)(3)	224,709				SUB-AWARD
University of Southern Mississippi 118 College Drive Hattiesburg, MS 39406	64-6000818	115	1,875,601				SUB-AWARD

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University of Tennessee 1534 White Avenue Knoxville, TN 37996	62-6001636	115	128,056				SUB-AWARD
University of Texas Austin 111 East 17th Street Austin, TX 78774	74-6000089	115	296,829				SUB-AWARD

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University of the Pacific 3601 Pacific Avenue Stockton, CA 95211	94-1156266	501(c)(3)	21,943				SUB-AWARD
University of Utah 201 S Pres Cir Salt Lake Cty, UT 84112	87-6000525	501(c)(3)	49,252				SUB-AWARD

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University of Wisconsin-Madison Drawer 538 Milwaukee, WI 53278	39-6006492	115	291,536				SUB-AWARD
University of New Hampshire 51 College Road Room 109 Durham, NH 03824	02-6000937	115	61,711				SUB-AWARD

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US Ignite Inc 1150 18th Street NW Washington, DC 20036	45-3943413	501(c)(3)	6,805,894				SUB-AWARD
VJTechnologies Inc 89 Carlough Rd Bohemia, NY 11716	11-2916269	N/A	10,000				SUB-AWARD

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Virginia Polytechnic Institute & State University 300 Turner Street NW Blacksburg, VA 24061	54-6001805	115	32,710				SUB-AWARD
VRC METAL SYSTEMS LLC 600 N Ellsworth Rd Box Elder, SD 57719	30-0781157	N/A	93,423				SUB-AWARD

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Wellesley College 106 Central St Wellesley, MA 02481	04-2103637	501(c)(3)	14,225				SUB-AWARD
West Virginia University Research Corporation One Waterfront Pl Morgantown, WV 26506	55-0665758	115	88,594				SUB-AWARD

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Woods Hole Oceanographic 569 Woods Hole Road Woods Hole, MA 02543	04-2105850	N/A	15,778				SUB-AWARD
Worcester Polytechnic Inst 100 Institute Road Worcester, MA 01609	04-2121659	501(c)(3)	215,342				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)	238,908				SUB-AWARD
University Of Colorado 633 17th Street Denver, CO 80202	84-0644739	115	50,771				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 Massachusetts 70 Butterfield Terr Amherst, MA 01003	04-3167352	115	1,028,872				SUB-AWARD
Epirus Inc 2100 E GRAND AVE SEGUNDO, CA 90245	83-1524963	N/A	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
Massachusetts Housing Partnership 160 Federal St Boston, MA 02110	04-3092917	N/A	12,500				SUB-AWARD
Sustainable Economics Law Center 1428 Franklin St Oakland, CA 94612	46-2210531	N/A	67,500				SUB-AWARD

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization NORTHEASTERN UNIVERSITY	Employer identification number 04-1679980
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input checked="" type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account		
<input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7 Yes	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1	THE UNIVERSITY WILL APPROVE FIRST CLASS AIR TRAVEL, IF BUSINESS CLASS IS NOT AVAILABLE, FOR THE PRESIDENT AS APPROPRIATE. TRAVEL FOR BUSINESS PURPOSES IS NOT INCLUDED IN TAXABLE WAGES. THE PRESIDENT HAS AUTHORITY TO APPROVE FIRST CLASS TRAVEL IF NECESSARY IN CERTAIN CIRCUMSTANCES FOR INDIVIDUALS LISTED IN SCHEDULE J, PART II. ONE OFFICER AND ONE FORMER OFFICER USED SUCH ACCOMMODATIONS FOR BUSINESS PURPOSES DURING THE YEAR ENDED DECEMBER 31, 2019. THE PRESIDENT'S SPOUSE TRAVELS ON OCCASION WITH THE PRESIDENT WHEN NECESSARY FOR BUSINESS PURPOSES AND UPON APPROVAL OF THE CHAIRMAN OF THE BOARD. TRAVEL FOR BUSINESS PURPOSES IS NOT INCLUDED IN TAXABLE WAGES. HOUSING IS PROVIDED FOR THE PRESIDENT AS A CONDITION OF EMPLOYMENT FOR THE CONVENIENCE OF THE EMPLOYER AND IS NOT INCLUDED IN TAXABLE WAGES. SOCIAL CLUB DUES ARE PROVIDED FOR THE PRESIDENT. USE OF THE SOCIAL CLUB IS FOR BUSINESS PURPOSES ONLY AND DUES ARE NOT INCLUDED IN TAXABLE WAGES.
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. DIANE N MACGILLIVRAY - \$250,000 PHILOMENA V MANTELLA - \$250,000
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.

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				
21 David Luzzi Sr Vice Provost - Research	(i)	318,186	51,000	241,822	28,000	30,474	669,482	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0
1 Carla Brodley Dean-Computer & Info Science	(i)	508,223	51,745	31,242	44,667	98,558	734,435	0
		-----	-----	-----	-----	-----	-----	-----
	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

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

2019

▶ Attach to Form 990.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEASTERN UNIVERSITY

Employer identification number

04-1679980

Part I 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	MASS HEALTH AND EDUCATION FACILITIES AUTHORITY	04-2456011	57586C2Z7	05-22-2008	448,215,138	SEE PART VI		X		X		X
B	MASSACHUSETTS DEVELOPMENT FINANCE AGENCY	04-3431814	57586EF71	02-20-2014	69,700,000	Reissuance of Series T-3 (2008)		X		X		X
C	MHEFA SERIES Y-1 & Y-2	04-2456011	57586EFE6	02-05-2009	64,431,595	New Projects/Refund Series F,H,& K		X		X		X
D	MASS HEALTH AND EDUCATION FACILITIES AUTHORITY	04-2456011	57586ETL5	03-25-2010	266,921,019	SEE PART VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	320,465,000		2,300,000		32,825,000		82,975,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	448,360,796		69,700,000		64,576,504		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	879,021		0		536,291		1,281,074	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		38,144,812		0	
11	Other spent proceeds	447,481,775		69,700,000		25,895,401		265,639,945	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion					2010			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, 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		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X			X

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X		X		X		X
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	4.100 %		4.100 %		2.600 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5	4.100 %		4.100 %		2.600 %			
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SET 1 BONDS - COLUMN A	<p>PART I (F): THE BONDS CURRENT REFUND THE SERIES L, ISSUED JANUARY 16, 2001, THE SERIES N, ISSUED JANUARY 15, 2003, THE SERIES O, ISSUED FEBRUARY 10, 2005, AND THE SERIES P, ISSUED JULY 10, 2007. PART II, LINE 1: CONSISTED OF THE CURRENT REFUNDING OF SERIES Q BY THE SERIES S 2010, THE CURRENT REFUNDING OF SERIES S BY THE SERIES 2012, AND THE SERIES T-3 LIBOR REISSUANCE. PART II, LINE 3: AMOUNT LISTED DIFFERS FROM THE ISSUE PRICE LISTED IN PART I (E) DUE TO INTEREST EARNINGS ON INVESTED PROCEEDS. PART II, LINE 13: PROCEEDS OF THE BONDS WERE ISSUED FOR THE PURPOSE OF CURRENT REFUNDING; THEREFORE, THE PROJECT PERIOD IS NOT APPLICABLE FOR THIS BOND ISSUE. PART III, LINE 7: AS PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE. PART IV, LINE 2B: THE CURRENT REFUNDING PORTION OF THE BONDS HAS QUALIFIED FOR THE 6-MONTHS EXCEPTION TO REBATE. PART IV, LINE 2C: ARBITRAGE REBATE REPORT WAS COMPLETED ON JUNE 30, 2018. COLUMN B: PART I (F): REISSUANCE OF SERIES T-3 (2008) PART II, LINE 13: PROCEEDS OF THE BONDS WERE ISSUED FOR THE PURPOSE OF CURRENT REFUNDING; THEREFORE, THE PROJECT PERIOD IS NOT APPLICABLE FOR THIS BOND ISSUE. PART III, LINE 7: AS PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE. PART IV, LINE 2(B): THE REFUNDING PORTION OF BONDS HAS MET THE 6-MONTH EXPENDITURE EXCEPTION TO REBATE. PART IV, LINE 2(C): THE TENTH YEAR REBATE REPORT, WAS PREPARED BY AMTEC DATED JULY 16, 2018</p> <p>COLUMN C: PART II, LINE 3: TOTAL PROCEEDS OF ISSUE THE DIFFERENCE BETWEEN PART I, COLUMN E AND ISSUE PRICE PART II LINE 3, TOTAL PROCEEDS OF ISSUE IS DUE TO INVESTMENT EARNINGS. PART III, LINE 7: AS PROVIDED IN TREASURY REGULATION SECTION 1.141-4(C)(2)(I)(B), THE AMOUNT OF PRIVATE PAYMENTS TAKEN INTO ACCOUNT UNDER THE PRIVATE PAYMENT TEST MAY NOT EXCEED THE AMOUNT OF PRIVATE BUSINESS USE AND/O</p>

Return Reference	Explanation
SET 1 BONDS - COLUMN A	<p>R UNRELATED TRADE OR BUSINESS USE. ACCORDINGLY, THE AMOUNT OF PRIVATE PAYMENTS FOR THE REPORTING PERIOD DOES NOT EXCEED THE AMOUNT STATED IN PART III, LINE 6. THE ORGANIZATION HAS NOT UNDERTAKEN AN ANALYSIS OF THE PRIVATE SECURITY TEST WITH RESPECT TO THE BONDS, AS THE LEVEL OF PRIVATE BUSINESS USE AND/OR UNRELATED TRADE OR BUSINESS REPORTED IN PART III, LINE 6, IS NOT IN EXCESS OF AMOUNTS PERMITTED UNDER SECTION 145 OF THE CODE. PART IV, LINE 2C : THE MOST RECENT 5TH ANNIVERSARY REBATE CALCULATION WAS PERFORMED AS OF JULY 11, 2017. COLUMN D: PART I (F): THE BONDS CURRENTLY REFUNDED SERIES 1999I BONDS (ISSUED ON MAY 26, 1999), SERIES 2008Q BONDS (ISSUED ON MAY 28, 2008), SERIES 2008U BONDS (ISSUED ON JULY 31, 2008), AND SERIES 2008W BONDS (ISSUED ON DECEMBER 17, 2008). PART II, LINE 13: PROCEEDS OF THE BONDS WERE ISSUED FOR THE PURPOSE OF CURRENT REFUNDING; THEREFORE, THE PROJECT PERIOD IS NOT ALLOCABLE FOR THIS BOND ISSUE. PART III: THE BONDS WERE USED TO REFUND BONDS ISSUED BEFORE JANUARY 1, 2003, AND BONDS ISSUED AFTER JANUARY 1, 2003 WITH THE PURPOSE OF REFUNDING BONDS THAT WERE ISSUED BEFORE JANUARY 1, 2003. AS SUCH, THE ISSUER HAS NOT COMPLETED PART III. PART IV, LINE 2(B): BOND PROCEEDS USED FOR CURRENT REFUNDING HAVE MET THE 6-MONTH EXPENDITURE EXCEPTION. PART IV, LINE 2(C): THE MOST RECENT REBATE REPORT WAS PREPARED BY A MTEC, DATED JULY 16, 2018.</p>

Return Reference	Explanation
SET 2 BONDS - COLUMN A	<p>Part I (f): The Bonds currently refunded Series S Bonds (issued on May 22, 2008). Difference between Part I(e) and Part II, Line 3 is due to interest earnings on bond proceeds. Part II, Line 13: Proceeds of the Bonds were issued for the purpose of current refunding; therefore, the project period is not applicable for this bond issue. Part III, Line 7: As provided in Treasury Regulation Section 1.141-4(c)(2)(i)(B), the amount of private payments taken into account under the private payment test may not exceed the amount of private business use and/or unrelated trade or business use. Accordingly, the amount of private payments for the reporting period does not exceed the amount stated in Part III, Line 6. The organization has not undertaken an analysis of the private security test with respect to the bonds, as the level of private business use and/or unrelated trade or business reported in Part III, Line 6, is not in excess of amounts permitted under Section 145 of the Code. Part IV, Line 2(b): The refunding portion of Bonds has met the 6-month expenditure exception to rebate. Part IV, Line 2(c): The fifth year Rebate Report, dated July 11, 2017, was prepared by AMTEC. Column B: Part I (f): To finance capital projects. Difference between Part I(e) and Part II, Line 3 is due to interest earnings on bond proceeds. Part III, Line 7: As provided in Treasury Regulation Section 1.141-4(c)(2)(i)(B), the amount of private payments taken into account under the private payment test may not exceed the amount of private business use and/or unrelated trade or business use. Accordingly, the amount of private payments for the reporting period does not exceed the amount stated in Part III, Line 6. The organization has not undertaken an analysis of the private security test with respect to the bonds, as the level of private business use and/or unrelated trade or business reported in Part III, Line 6, is not in excess of amounts permitted under Section 145 of the Code. PART IV, LINE 2(C): Arbitrage rebate report completed on June 30, 2020. Column C: Part I (f): the bonds current refund the Series R, issued May 22, 2008. Part II, Line 13: Proceeds of the bonds were issued for the purpose of current refunding; therefore, the project period is not applicable for this bond issue. Part III, line 7: As provided in Treasury Regulation Section 1.141-4(c)(2)(i)(B), the amount of private payments taken into account under the private payment test may not exceed the amount of private business use and/or unrelated trade or business use. Accordingly, the amount of private payments for the reporting period does not exceed the amount stated in Part III, line 6. The organization has not undertaken an analysis of the private security test with respect to the bonds, as the level of private security test with respect to the bonds, as the business use and/or unrelated trade or business reported in Part III, line 6, is not in excess of amounts permitted under Section 145 of the Code. Part</p>

Return Reference	Explanation
SET 2 BONDS - COLUMN A	IV, Line 2b: The Bonds have met the requirements of the 6-months exception to rebate.

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2019

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization NORTHEASTERN UNIVERSITY

Employer identification number

04-1679980

Part I Bond Issues

Table with 11 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows include MASSACHUSETTS DEVELOPMENT FINANCE AGENCY.

Part II Proceeds

Table with 13 rows and 8 columns (A-D, Yes/No). Rows include Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue, etc.

Part III Private Business Use

Table with 2 rows and 8 columns (A-D, Yes/No). Rows include Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X	X			X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?		X	X			X		
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	1.400 %		0 %		1.800 %			
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	1.400 %				1.800 %			
7 Does the bond issue meet the private security or payment test?		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of.								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider	0		0		0			
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

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

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

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEASTERN UNIVERSITY

Employer identification number
04-1679980

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 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 the organization managers or disqualified persons during the year under section 4958. ▶ \$ _____

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) David Madigan	Officer	HOME LOAN		X	195,000	195,000		No	Yes		Yes	
Total						▶ \$	195,000					

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
(1)		2,000	SCHOLARSHIP	EDUCATION

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	93,459	NU EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEASTERN UNIVERSITY

Employer identification number
04-1679980

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	1	0	APPRAISAL
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	53	6,702,480	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	2	792,720	MARKET VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
04-1679980

990 Schedule O, Supplemental Information

Return Reference	Explanation
Mission Statement	<p>Form 990, Parts I and III, line 1 To educate students for a life of fulfillment and accomplishment. To create and translate knowledge to meet global and societal needs. This mission inspires members of the University community in whatever they do - as students and scholars, as teachers and researchers, as mentors, as administrators, and as leaders. Northeastern's commitment to this mission is focused in three areas of distinction where the university can have the greatest effect on the lives of students and the wider world: experiential learning, use-inspired research, and global connection and engagement. By concentrating its energy in these areas, Northeastern is best positioned to set priorities, make decisions, and focus resources that allow the institution to achieve its goals as a leader in higher education. Form 990, Part III, Line 4d Other program services consist of: Research, academic support, student services, and other student aid. Form 990, Part VI, Line 1a PURSUANT TO THE BYLAWS, THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES IS AUTHORIZED TO ACT WITH THE FULL AUTHORITY OF THE BOARD OF TRUSTEES IN THE MONTHS IN WHICH THE FULL BOARD DOES NOT MEET. All members of the Board of Trustees who are not appointed to serve on the Executive Committee are authorized to serve as alternates to the Executive Committee with full voting authority. The Secretary is authorized to select an alternate whenever a member notifies the Secretary of his or her inability to attend any regular or special meeting of the Executive Committee. A majority of the members of the Executive Committee, including any alternate(s), shall constitute a quorum for any meeting of the Executive Committee. Form 990, Part VI, Line 2 Edward G. Galante Alan S. McKim Business Relationship Richard A. D'Amore James Pallotta Business Relationship</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c	<p>ANNUALLY, THE UNIVERSITY'S COMPLIANCE DEPARTMENT, REPORTING TO SENIOR VICE PRESIDENT AND GENERAL COUNSEL, ELECTRONICALLY DISTRIBUTES THE NORTHEASTERN UNIVERSITY CONFLICT OF INTEREST AND COMMITMENT DISCLOSURE FORM TO FACULTY AND STAFF. THE COMPLETED FORMS ARE REVIEWED BY THE COMPLIANCE DEPARTMENT AND RELEVANT COLLEGE AND ADMINISTRATIVE MANAGEMENT. FOLLOW UP FOR CLARIFICATION IS CARRIED OUT WHERE NECESSARY AND THE APPROPRIATE UNIT DEAN, VICE-PRESIDENT OR DIRECTOR IS RESPONSIBLE FOR REVIEWING THE IDENTIFIED CONFLICTS AND RESOLVING THOSE CONFLICTS APPROPRIATELY. BOTH THE FACULTY AND STAFF CONFLICT OF INTEREST AND COMMITMENT POLICIES ARE ON THE UNIVERSITY'S WEBSITE. A PARALLEL PROCESS IS CARRIED OUT ANNUALLY BY THE OFFICE OF THE BOARD OF TRUSTEES, REPORTING TO THE SENIOR VICE PRESIDENT FOR UNIVERSITY ADVANCEMENT, FOR THE UNIVERSITY'S SENIOR LEADERSHIP AND BOARD OF TRUSTEES. THE POLICY REQUIRES THAT ALL TRUSTEES, OFFICERS AND OTHER MEMBERS OF STANDING COMMITTEES OF THE BOARD ARE REQUIRED TO ADHERE TO A POLICY WHICH REQUIRES DISCLOSURE IN ADVANCE OF ANY CONFLICT; NON-PARTICIPATION IN DECISIONS REGARDING THE POTENTIAL CONFLICT; AND AN ANNUAL REPORTING OF ANY CONFLICTS FOR PERSONAL OR THIRD PARTY INVOLVEMENT. The Secretary reviews each disclosure and determines whether the disclosure represents a conflict that is sufficiently material that it should be brought to the attention of the Conflicts of Interest Subcommittee. The Conflicts of Interest Subcommittee determines whether any disclosed matter referred by the Secretary is of such significance that it merits review by the Board. The University may enter into an arrangement in which a covered person has a conflict if certain criteria are met, including the determination at the appropriate level that the arrangement is immaterial or that the arrangement is fair and reasonable to the University and in the University's best interest.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Lines 15a & 15b	<p>NORTHEASTERN UNIVERSITY FOLLOWS A CAREFULLY DEFINED PROCESS FOR REVIEWING SENIOR EXECUTIVE COMPENSATION LEVELS. DURING 2019, THIS PROCESS INCLUDED THE PRESIDENT AND ALL OFFICERS. 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 2019, 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 CHAIR OF THE BOARD OF TRUSTEES, ALSO SERVING AS THE CHAIR of this committee, ALONG WITH FIVE OTHER INDEPENDENT TRUSTEES. THIS COMMITTEE HAS CONTINUED TO ENGAGE WILLIS 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>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	SWAP ADJ & OTHER NON-OPERATING CHANGES (\$23,467,531)

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
NORTHEASTERN UNIVERSITY

Employer identification number

04-1679980

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Renaissance Park Garage LLC 1209 Orange St Wilmington, DE 19801 04-3480384	Parking svcs	DE	0	0	NORTHEASTERN
(2) KRI at Northeastern University LLC Suite 250 CP 360 Huntingdon Avenue Boston, MA 02115 46-5228806	Research Ctr	MA	9,766,191	0	NORTHEASTERN
(3) N-POWERED LLC 360 HUNTINGTON AVE BOSTON, MA 02115 82-4581008	EDU. SOFTWARE	DE	422,125	0	NORTHEASTERN

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

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

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

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

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

See Additional Data Table

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b Gift, grant, or capital contribution to related organization(s)	Yes	
c Gift, grant, or capital contribution from related organization(s)		No
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)		No
f Dividends from related organization(s)		No
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)		No
k Lease of facilities, equipment, or other assets from related organization(s)		No
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o Sharing of paid employees with related organization(s)		No
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses		No
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)NCH AT NORTHEASTERN LIMITED	B	5,251,440	CASH
(2)NCH AT NORTHEASTERN LIMITED	M, P	5,284,857	FMV

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

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

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Azland Inc c/o NU 360 Huntington Avenue Boston, MA 02115 04-2454917	Real Estate	DE	NORTHEASTERN	C Corp	0	0	100.000 %	Yes	
Charitable Remainder Trust (1)	INVESTING	CA	NORTHEASTERN	TRUST				Yes	
Charitable Remainder Trust (1)	INVESTING	ME	NORTHEASTERN	TRUST				Yes	
Charitable Remainder Trust (11)	INVESTING	MA	NORTHEASTERN	TRUST				Yes	
Charitable Remainder Trust (3)	INVESTING	NH	NORTHEASTERN	Trust				Yes	
Pooled Income Trust (1)	INVESTING	MA	NORTHEASTERN	TRUST				Yes	
Perpetual Trust (1)	INVESTING	MA	Northeastern	Trust				Yes	
Perpetual Trust (1)	Investing	ME	Northeastern	Trust				Yes	
Charitable Remainder Trust (1)	INVESTING	OH	NORTHEASTERN	TRUST				Yes	
New College of the Humanities Ltd 19 Bedford Square London WC1B 3HH UK	Education	UK	NCH NU LTD	C Corp	120,571	94,940	100.000 %	Yes	