$\mathsf{Form}\,990$

IR<-⊇SC

Return of Organization Exempt From Income Tax

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

2018

Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection

ΑF	or the	e 2018 calendar year, or tax year beginning and	ending							
Вс	heck if pplicabl	C Name of organization		D Employer identifi	cation number					
	Addre: chang	UNICODE, INC.			0.600.56					
	chang		77-0	77-0269756						
	Initial	Number and street (or P O box if mail is not delivered to street address)								
L.	Final return/ termin		(408							
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	467,576.					
느	Ameno	MOUNTAIN VIEW, CA 34033-1470		H(a) Is this a group re						
	Applic tion pendir	F Name and address of principal officer PARK DAVID		for subordinates						
		SAME AS C ABOVE		H(b) Are all subordinates in						
		empt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 5		list (see instructions)					
		te: > WWW.UNICODE.ORG	1	H(c) Group exemption						
		organization X Corporation Trust Association Other	I L Ye	ar of formation: 1991	M State of legal domicile CA					
Pa	ırt I	Summary	1 127727 C	D EVMENTO AND	D DDOMORE					
به		Briefly describe the organization's mission or most significant activities TO D								
Activities & Governance		USE OF VARIOUS STANDARDS, DATA, AND OPEN								
ern		Check this box Inf the organization discontinued its operations or dispos	sed of mo		sets 10					
δ		Number of voting members of the governing body (Part VI, line 1a)		3	10					
৺		Number of independent voting members of the governing body (Part VI, line 1b)		5	3					
ties		Total number of individuals employed in calendar year 2018 (Part V, line 2a)		6	10					
Ę		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
Ąc		Net unrelated business taxable income from Form 990-T, line 38		7 <u>a</u> 7b	0.					
		Net uniciated business taxable income non-rollings to t, inte do		Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)		259,123.	276,681.					
ĭe		Program service revenue (Part VIII, line 2g)	F	253,900.	168,100.					
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		17,760.	22,795.					
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	F	0.	0.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		530,783.	467,576.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.					
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
v		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		226,164.	235,712.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
ē	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	<u></u>						
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	L	110,718.	234,545.					
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	_	336,882.	470,257.					
	19	Revenue less expenses Subtract line 18 from line 12		193,901.	-2,681.					
ts or				Beginning of Current Year	End of Year					
sets	20	Total assets (Part X, line 16)	-	1,430,449.	1,365,273.					
Net Asset	21	Total liabilities (Part X, line 26)		2.	0.					
نَجُ	22	Net assets or fund balances Subtract line 21 from line 20		1,430,447.	1,365,273.					
	rt II	Signature Block			the suited as and balled at an are					
		Ities or perjury, I declare that I have examined this return, including accompanying schedules			Kilowieuge allo bellet, it is					
true,	correc	t, and complete Declaration of preparer (other than officer) is based on all information of wh	iich prepa	5-13-(<u>O1</u>					
_		Signeyure of officer		Date						
Sigi		LISA MOORE, VP & TREASURER								
305	5	Type or print name and title								
	\top	Pint/Type preparer's name Preparer's syncertife		Date Check	PTIN					
Sid		ICHAEL STEPHEN SCHAFFER		05/09/19 self-employ	P00210063					
Prep	arer 6	DDW LLD		Firm's EIN	81-4234542					
Ş ge	Only E	m's address 10 ALMADEN BOULEVARD, SUITE 1000)							
≈	8	SAN JOSE, CA 95113-2238		Phone no. 4 0	8-961-6300					
. S Pay	the F	discuss this return with the preparer shown above? (see instructions)			X Yes No					
8320	11 12-5	LHA For Paperwork Reduction Act Notice, see the separate instruction			Form 990 (2018)					
		EE SCHEDULE O FOR ORGANIZATION MISSION ST		ENT CONTINUAT	ION					

-orm	n 990 (2018) UNICODE, INC.	77-0269	756	Page 2
	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			X
1	Briefly describe the organization's mission			
•	TO DEVELOP, EXTEND AND PROMOTE USE OF VARIOUS STANDARDS,	DATA, A	ND	
	OPEN SOURCE SOFTWARE LIBRARIES WHICH SPECIFY THE REPRESEN			
	TEXT IN MODERN SOFTWARE. THESE OFFERINGS ALLOWING DATA T			
	ACROSS MULTIPLE PLATFORMS, LANGUAGES AND COUNTRIES WITHOU			
2	Did the organization undertake any significant program services during the year which were not listed on the			
-	prior Form 990 or 990-EZ?	ſ	Yes	X 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	X 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 m	easured by ex	penses	
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others			ď
	revenue, if any, for each program service reported	,		-
4a	(Code) (Expenses \$	· S	168,1	.00.1
	UNICODE TECHNICAL COMMITTEE:			
	THE UNICODE TECHNICAL COMMITTEE (UTC) IS RESPONSIBLE FOR	THE		
	STANDARDIZATION OF NATURAL LANGUAGE WRITING SYSTEMS THROU		•	
	DEVELOPMENT AND MAINTENANCE OF THE UNICODE STANDARD, INCL		HE	
	UNICODE CHARACTER DATABASE, AS WELL AS UNICODE TECHNICAL			
	STANDARDS. AS APPROPRIATE, THE UTC RELEASES NEW VERSIONS			ND
	ERRATA TO ITS DATA AND DOCUMENTATION. ACCOMPLISHMENTS IN			
	THE VERSION 11.0 RELEASE OF THE UNICODE STANDARD, WHICH C			
	CONSORTIUM'S LONGTERM COMMITMENT TO SUPPORT THE FULL DIVE			
	LANGUAGES AROUND THE WORLD WITH THE ADDITION OF 7 NEW WRI			3
	AND MORE THAN 600 NEW CHARACTERS TO SUPPORT THE LANGUAGES			
	ASIA, SOUTH ASIA, SOUTHEAST ASIA, CHINA, JAPAN, AND AFRIC			
4b	(Code) (Expenses \$)
	UNICODE COMMON LOCALE DATA REPOSITORY PROJECT:			
	THE UNICODE COMMON LOCALE DATA REPOSITORY (CLDR) LOCALES	PROJECT		
	PROVIDES KEY BUILDING BLOCKS FOR SOFTWARE TO SUPPORT THE	WORLD'S		
	LANGUAGES, WITH THE LARGEST AND MOST EXTENSIVE STANDARD R	EPOSITO	RY OF	'
	LOCALE DATA AVAILABLE. THIS DATA IS USED BY A WIDE SPECT	RUM OF		
	COMPANIES AND OPEN SOURCE PROVIDERS FOR SOFTWARE INTERNAT	IONALIZ	ATION	I
	AND LOCALIZATION, ADAPTING SOFTWARE TO THE CONVENTIONS OF		ENT	
	LANGUAGES FOR COMMON SOFTWARE TASKS SUCH AS NUMBER FORMAT		HE	
	TRANSLATED NAMES OF MONTHS, DAYS, AND LANGUAGES, AND TIME			
	ACCOMPLISHMENTS IN 2018 INCLUDE TWO RELEASES OF THE CLDR			
	33 AND 34. TOGETHER THESE TWO RELEASES CONTINUE THE ROBU	ST COVE	RAGE	<u>OF</u>
	180 PLUS CERTAIN SEED LANGUAGES.			
4c	(Code) (Expenses \$	\$)
	INTERNATIONAL COMPONENTS FOR UNICODE PROJECT:			
	THE INTERNATIONAL COMPONENTS FOR UNICODE (ICU), A SET OF		E	
	PROGRAMMING LIBRARIES (C/C++ AND JAVA) THAT PROVIDE UNICO			
	INTERNATIONALIZATION SUPPORT FOR SOFTWARE APPLICATIONS DE			
	NEW RELEASES IN 2018: 61 AND 62. ICU IS WIDELY PORTABLE			
	APPLICATIONS THE SAME RESULTS ON ALL PLATFORMS AND BETWEE			
	JAVA SOFTWARE. ICU IS RELEASED UNDER A NONRESTRICTIVE OP			
	LICENSE THAT IS SUITABLE FOR USE WITH BOTH COMMERCIAL SOF	TWARE A	ND WI	TH
	OTHER OPEN SOURCE OR FREE SOFTWARE.			
4d	Other program services (Describe in Schedule O)			
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► 441,156.			<u> </u>

77-0269756

Page 3 Part JV | Checklist of Required Schedules Ye<u>s</u> No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A Х 2 2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes," complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C. Part III 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Х 7 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? [f "Yes," complete X 8 Schedule D. Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? X 9 If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х endowments, or quasi-endowments? If "Yes," complete Schedule D. Part V 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Х 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X Part X, line 167 If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a Schedule D. Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? Х 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Х foreign organization? If "Yes." complete Schedule F. Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." Х 19 complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I. Parts I and II

X

20b

Part JV	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 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		İ	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	L	X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		İ	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	İ	İ	
	Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	L	<u> </u>
С	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		<u>X</u>
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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L. Part III	27		X
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)	l		;
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		Х
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		Х
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Par	t 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 4			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			,
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		_ [
	(gambling) winnings to prize winners?	1c	X	
933004	12.21.18	Form	990	(2018)

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			Yes	No					
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 3			<u>.</u>					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	ļ					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	ļ						
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	<u> </u>	X					
b	If "Yes," enter the name of the foreign country		İ	٠					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	ļ	Х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	-					
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		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	l <u>.</u> .							
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>	 -						
	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	X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	 					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		x					
_	to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year	7c							
	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X					
e	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	M. J. J. J. J. J. J. J. J. J. J. J. J. J.								
8									
-	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
	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							
0	Section 501(c)(7) organizations. Enter								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
1	Section 501(c)(12) organizations. Enter								
а	Gross income from members or shareholders	Į		ŀ					
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them)			 -					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ł							
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		 -					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
_	Note. See the instructions for additional information the organization must report on Schedule O			•					
ь	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 Enter the amount of reserves on hand 13b 13c								
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a							
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	5							
•	excess parachute payment(s) during the year?	15		х					
	If "Yes," see instructions and file Form 4720, Schedule N								
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
-	If "Yes " complete Form 4720. Schedule O								

Form 990 (2018) UNICODE, INC. 77-0269756 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10		i	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?_	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	_X_	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O	9		Х
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
		_	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
11a		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		—	₩
_	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	46-	—	X
	taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			:
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	16b		
500	exempt status with respect to such arrangements?	100		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only)	availak	nle
18		Jilly)	a valial.	,,,,
	for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. X Upon request. Other (explain in Schedule O)			
46	Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finana	ıal	
19		manc	idi	
00	statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records			
20	ELLEN MASTROS - (408) 401-8915			
	1065 LA AVENIDA STREET, SVC-4/1706, MOUNTAIN VIEW, CA 94043			

Form 990 (2018) UNICODE, INC. 77-0

[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 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X 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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an	o compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAVID SINGER DIRECTOR	0.10	X						0.	0.	0.
(2) JAMES ROBERTSON DIRECTOR	0.10	x						0.	0.	0.
(3) MATTHEW RECHS DIRECTOR	0.10	x						0.	0.	0.
(4) MARYPAT MEULI DIRECTOR	0.10	x		•				0.	0.	0.
(5) HELENA CHAPMAN DIRECTOR	0.10	х						0.	0.	0.
(6) GREG WELCH VICE PRESIDENT	3.00	х		х	-			0.	0.	0.
(7) DACHUAN ZHANG DIRECTOR	0.10	x						0.	0.	0.
(8) BOB JUNG DIRECTOR	0.10	x						0.	0.	0.
(9) AYMAN ALDAHLEH DIRECTOR	0.10	X						0.	0.	0.
(10) ALOLITA SHARMA DIRECTOR	0.10	X						0.	0.	~ 0.
(11) PETER CONSTABLE VICE PRESIDENT	3.00	-		х				0.	0.	0.
(12) MICHEL SUIGNARD SECRETARY	3.00			x				0.	0.	0.
(13) MARK DAVIS PRESIDENT	6.00			x				0.	0.	0.
(14) LISA MOORE VICE PRESIDENT AND TREASURER	6.00			X				0.	0.	0.
TAGE AND IDENT IND INCOMEN				41						<u>~</u>
							-			

Form 990 (2018) UNICOD	E, INC.								77-0	<u> 269</u>	<u>756</u>	Р	age 8
Part VII Section A. Officers, Directors,	Trustees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	Average Position (do not check more than one box, unless person is both an					h an	(D) Reportable compensation	(E) Reportable compensation			F) (F) stimate	ed of
	(list any hours for related organizations	tee or director	Institutional trustee			Highest compensated employee	Ė	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	ıs	fr org an	other opensation the panizated related	ation ie tion ted
	below line)	Individu	Instituti	Officer	Key employee	Highest	Former		_		orga	anızatı	ons
							_						
		-											
· · · · · · · · · · · · · · · · · · ·													 .
,													
		<u> </u>											
		<u> </u> 	_					•					
1b Sub-total]	l. <u>.</u>	<u></u>	<u> </u>		>	0.		0.			0.
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)							>	0.		0.			0.
Total number of individuals (including becompensation from the organization		ose	liste	ed at	oove	e) wh	o re	eceived more than \$100,	,000 of reportable	•		Yes	No
3 Did the organization list any former off line 1a? If "Yes," complete Schedule J		ustee	e, ke	y en	nplo	yee,	or h	highest compensated er	mployee on		3		X
4 For any individual listed on line 1a, is the and related organizations greater than	ne sum of reportabl \$150,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J fo	or such individual [']			4		x
5 Did any person listed on line 1a receive rendered to the organization? If "Yes."							elate	ed organization or individ	dual for services		5		X
Section B. Independent Contractors 1 Complete this table for your five highes	st compensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	pensa	tion fro		
the organization Report compensation (A)	for the calendar ye										(0		
Name and busin		NC	ONE	3				Description of s	services	C	ompe		n
							1		,				-
							İ						
		-											
2 Total number of independent contractor \$100,000 of compensation from the or		ot lin	nited	d to	thos (ted	above) who received me	ore than		Form	000	
											h-Arm		·2131 🛭

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under (B) (A) Related or Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts. 1 a Federated campaigns 1a 1b b Membership dues 1c c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 276,681. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 276,681. Total. Add lines 1a-1f Business Code 168,100. 2 a MEMBERSHIP DUES 168,100. 519100 Program Service Revenue f All other program service revenue 168,100. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 22,795. 22,795. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV. line 18 Other b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less, direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 168,100. 22,795. 467,576. 0. Total revenue. See instructions

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) X Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses (A) Total expenses Do not include amounts reported on lines 6b. Management and general expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 196,959. 187,111. 9,848. 7 Other salaries and wages Pension plan accruals and contributions (include 2,751. 145 2,896. section 401(k) and 403(b) employer contributions) 1,023. 20,466. 19,443. Other employee benefits 9 15,391. 14,621. 770. 10 Payroll taxes 11 Fees for services (non-employees) a Management 22,524. 22,524 **b** Legal 3,940. 3,940. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 83,211. 79,050. 4,161 column (A) amount, list line 11g expenses on Sch O) 12 Advertising and promotion 4.849. 4,849. Office expenses 13 6,928. 6,928. Information technology 14 Royalties 15 16 Occupancy 29,077. 29,077. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 Payments to affiliates Depreciation, depletion, and amortization 22 3,377. 3,377. Insurance 23 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.) AAC GRANT EXPENSES 46,489. 46,489. WG2 SUPPORT 11,250. 11,250. EDITING & BOOK RELATED 7,462. 7,462. d WG20 SUPPORT 3,750. <u>3,750.</u> 11,688. 10,700. 988. e All other expenses 470,257. 441,156. 29,101. Total functional expenses. Add lines 1 through 24e 0. 25 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 I if following SOP 98-2 (ASC 958-720)

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	54,384.	1	59,624.
	2	Savings and temporary cash investments	134,489.	2	89,658.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	203,378.	4	117,660.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
w		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	439.	8	439.
	9	Prepaid expenses and deferred charges	51.	9	51.
	l	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a			· .
	Ь	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	1,037,708.	11	1,097,841.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets	_	14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,430,449.	16	1,365,273.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ø	22	Loans and other payables to current and former officers, directors, trustees,			
<u>ii</u>		key employees, highest compensated employees, and disqualified persons	·		
Liabililies	ļ	Complete Part II of Schedule L		22	
Ξ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	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	2.	25	0.
	26	Total liabilities. Add lines 17 through 25	2.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here and			
Š		complete lines 27 through 29, and lines 33 and 34.		<u> </u>	
č	27	Unrestricted net assets		27	
3al;	28	Temporarily restricted net assets		28	
Ę.	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
٥		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	1 430 447	31	1,365,273.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	1,430,447.	32	
~	33	Total net assets or fund balances	1,430,447.	33	1,365,273. 1,365,273.
	34	Total liabilities and net assets/fund balances	1,430,449.	34	1,303,4/3.

Form	990 (2018) UNICODE, INC.	77-	-02697	56	Pa	ge 1 <u>2</u>
	t 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				<u>76.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>57.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		-	2,6	81.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				<u>47.</u>
5	Net unrealized gains (losses) on investments	5		<u>-6</u>	<u>2,4</u>	93.
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				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	1,	36	<u>5,2</u>	<u>73.</u>
Pa	T XIII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					ᆜ
			_		Yes	No
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)	ļ_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		Ļ	2a		X
	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?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basıs,				
	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	audıt,	ŀ			
	review, or compilation of its financial statements and selection of an independent accountant?			2c		<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche		. J.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Aud	lit			,,
	Act and OMB Circular A-133?		 _	3a_		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	it			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	000	<u> </u>
			F	orm	990	(2018)

SCHEDULE A

Internal Revenue Service

(Form'990 or 990-EZ)

Department of the Treasury

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

Open to Public Inspection

Employer identification number

Name of the organization INC 77-0269756 UNICODE Reason for Public Charity Status (All organizations must complete this part) See instructions Part The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 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 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) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (vi) Amount of other (III) Type of organization (v) Amount of monetary (i) Name of supported (ii) EIN in your governing documen (described on lines 1-10 support (see instructions) support (see instructions) organization Yes No above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2018 UNICODE, INC. 77-0269

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	8,868.	85,144.	126,914.	259,123.	276,681.	756,730.
2	Tax revenues levied for the organ-		·				
	ization's benefit and either paid to						
	or expended on its behalf					-	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge					1	
4	Total. Add lines 1 through 3	8,868.	85,144.	126,914.	259,123.	276,681.	756,730.
	The portion of total contributions		,				•
Ť	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)						74.432.
6	Public support. Subtract line 5 from line 4					_	74,432.
	ction B. Total Support	I					
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	8,868.	85,144.	126,914.	259,123.	276,681.	756,730.
-	Gross income from interest,			,			
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	17,636.	17,862.	13,563.	17,760.	22,795.	89,616.
q	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital	;					
	assets (Explain in Part VI)		4,500.				4,500.
11	Total support. Add lines 7 through 10						850,846.
	Gross receipts from related activities,	etc. (see instructio	ns)	·		12 1	,310,589.
	First five years. If the Form 990 is for	•	•	d fourth or fifth ta	ا x vear as a section		, ,
	organization, check this box and stop	•	34 00001101 11111	_, .22, o tu	,	'\-/\-/	▶ [
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2018 (li			olumn (f))		14	80.19 %
	Public support percentage from 2017		•	\ "		15	71.28 %
	33 1/3% support test - 2018. If the o			line 13, and line 1	4 is 33 1/3% or mi		
	stop here. The organization qualifies	•					ightharpoons X
b	33 1/3% support test - 2017. If the c		_	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test				13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the "faci	_					
	meets the "facts-and-circumstances"					J	▶□
h	10% -facts-and-circumstances test					7a, and line 15 is 1	0% or
_	more, and if the organization meets th	•					
	organization meets the "facts-and-circ						▶ □
18	Private foundation. If the organization						▶ □
	THE TOUR MANAGEMENT OF STREET	a L		.,		dule A (Form 990	

	edule A (Form 990 or 990 EZ) 2018 U Irt III Support Schedule for 0	rganizations	NC . Described in S	Section 509(a)	(2)	77-026	9 / 5/6 Page 3						
(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													
· Sec	- qualify under the tests listed below, please complete Part II) Section A. Public Support												
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 201/8	(f) Total						
	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 organ- ization'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		1		1								
	Amounts included on lines 1, 2, and												
b	3 received from disqualified persons 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												
	Public support. (Subtract line 7c from line 6)					<u> </u>							
Sec	ction B. Total Support		,				,						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total						
9	Amounts from line 6				 								
10 <i>a</i>	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												
	Add lines 10a and 10b 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)				/								
	Total support (Add lines 9, 10c, 11, and 12)					. 504()(5)	<u> </u>						
14	First five years. If the Form 990 is for	r the organization's	s first, second, third	d, fourth, or fifth ta	ax year as a sectioi	501(c)(3) organiza	ation,						
500	check this box and stop here	io Support Por	contage			'							
	ction C. Computation of Publi				<u>.</u>	15							
15	Public support percentage for 2018 (I			olumn (t))		16	<u>%</u>						
16 Sec	Public support percentage from 2017 ption D. Computation of Investigation					1 10 1 /							
	Investment income percentage for 20			ne 13 column (f)		17	<u>%</u>						
17 18	Investment income percentage for 20 Investment income percentage from			.o ro, column (i))		18							
	33 1/3% support tests - 2018. If the			on line 14, and line	e 15 is more than 3								
,50	more than 33 1/3%, check this box ar					\	▶□						
b	33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, che	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd						
20	Private foundation. If the organization					- 1							
	3 10-11-18	s.a not oncon a		-,		edule A (Form 990	or 990-EZ) 2018						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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.	ΑII	Supporting	Organizations
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Sec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	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)? If "Yes," explain in Part VI how the organization determined that the supported -			
	organization was described in section 509(a)(1) or (2)	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	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)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		,	
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion		, ,	
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a	igsquare	
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? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		,	
	(as 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	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))? If "Yes," provide detail in Part VI.	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? If "Yes," provide detail in Part VI.	9b	 	
С	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? If "Yes," provide detail in Part VI.	9c	$\vdash \vdash$	
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)? If "Yes," answer 10b below	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings.)

10b

Sche		7-02697	56 P	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a	┥─	├
	A family member of a person described in (a) above?	11b	+-	├ ─
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		L
360	tion B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		165	INO
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	_	ļ,	
-	tax year? 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,		ŀ	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1 :
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	1	l
2	Did the organization operate for the benefit of any supported organization other than the supported	<u> </u>		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes." explain in]
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	l		l'
	supervised, or controlled the supporting organization.	2		
Sec	tion 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)? 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).	1		
Sec	tion 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		1	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		1	
	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?	1	+	
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? If "No," explain in Part VI how		-	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	 	
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		1,	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	- <u>`</u>	
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	1 . 3 .		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instru	ictions)		
' a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruction	s).	
2	Activities Test Answer (a) and (b) below.		Yes	No
а	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? 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	2a		
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? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		-	لــــا
	activities but for the organization's involvement	2b	1	<u> </u>
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		- <u>-</u>	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		_	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990-EZ) 2018 UNICODE, INC.			//-U269/36 Page 6
Pa	, , , , , , , , , , , , , , , , , , ,			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov 20, 1970 (explain in F	Part VI) See instructions. Al
<u>.</u>	other Type III non-functionally integrated supporting organizations must co	omplete Sec	tions A through E	
Sect	ion 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		
Sect	ion 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)			
a	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		ļ
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting orga	inization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions)

Par	Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	inizations <i>(continued)</i>			
Sect	on D - Distributions	Current Year				
1	1 Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	s				
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						
8	Distributions to attentive supported organizations to which the	ne organization is responsive	-			
	(provide details in Part VI) See instructions					
9	Distributable amount for 2018 from Section C, line 6					
10	Line 8 amount divided by line 9 amount					
Secti	on E - Distribution Allocations (see instructions)	(I) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018		
1	Distributable amount for 2018 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2018 (reason-					
	able cause required- explain in Part VI) See instructions		:			
3	Excess distributions carryover, if any, to 2018					
а	From 2013					
b	From 2014 ,					
С	From 2015		_			
d	From 2016					
е	From 2017					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2018 distributable amount					
	Carryover from 2013 not applied (see instructions)					
i	Remainder Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2018 from Section D,					
	line 7 \$					
а	Applied to underdistributions of prior years					
ь	Applied to 2018 distributable amount					
С	Remainder Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2018, if					
	any Subtract lines 3g and 4a from line 2 For result greater			-		
	than zero, explain in Part VI. See instructions					
6	Remaining underdistributions for 2018 Subtract lines 3h					
	and 4b from line 1 For result greater than zero, explain in					
	Part VI See instructions					
7	Excess distributions carryover to 2019. Add lines 3j and 4c					
	Breakdown of line 7	U FM				
	Excess from 2014					
	Excess from 2015					
	Excess from 2016					
	Excess from 2017		r der alle melle b	m 1.1 e		
	Eycess from 2018		1			

Schedule A (Form 990 or 990-EZ) 2018

	(Form 990 or 990-EZ) 2018 UNICODE, INC.	77-0269756 Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Sec line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for	tion B, lines 1 and 2, Part IV, Section C, , line 1, Part V, Section B, line 1e, Part V,
	(See instructions)	
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Employer identification number Name of the organization UNICODE, INC. 77-0269756 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WHICH SPECIFY THE REPRESENTATION OF TEXT IN MODERN SOFTWARE. THESE OFFERINGS ALLOWING DATA TO BE SHARED ACROSS MULTIPLE PLATFORMS LANGUAGES AND COUNTRIES WITHOUT CORRUPTION. THESE SPECIFICATIONS AND SOFTWARE LIBRARIES FORM THE FOUNDATION FOR SOFTWARE INTERNATIONALIZATION IN ALL MAJOR OPERATING SYSTEMS, SEARCH ENGINES, APPLICATIONS, AND THE WEB. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: OR NEED FOR RE-ENGINEERING. THE EMERGENCE OF THE UNICODE STANDARD, AND THE AVAILABILITY OF TOOLS SUPPORTING IT, IS ONE OF THE MOST SIGNIFICANT RECENT GLOBAL SOFTWARE TECHNOLOGY TRENDS. FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PICTOGRAPHIC SYMBOLS, INCLUDING 66 EMOJI, WERE ADDED FOR EXPANDED USE ON MOBILE DEVICES. FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS OF THE ORGANIZATION MAKE THE FOLLOWING GOVERNANCE DECISIONS: REMOVAL OF DIRECTORS; FILLING OF VACANCIES ON THE BOARD OF DIRECTORS; APPROVAL OR AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BYLAWS; APPROVAL

OF CONTRACTS BETWEEN THE ORGANIZATION AND ONE OR MORE OF ITS DIRECTORS, OR

Schedule O (Form 990 or 990 EZ) (2018)	Page 2
Name of the organization UNICODE, INC.	Employer identification number 77-0269756
PLAN OF DISSOLUTION OF THIS ORGANIZATION.	
FORM 990, PART VI, SECTION A, LINE 7B:	
THE MEMBERS HAVE THE POWER TO ELECT OR APPOINT MEMBERS OF	THE GOVERNING
BODY (BOARD OF DIRECTORS.)	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS PREPARED BY AN INDEPENDENT CPA FIRM IN CONJUN	CTION WITH THE
ORGANIZATION'S STAFF. A DRAFT OF FORM 990 IS REVIEWED BY	THE STAFF, AND
CORRECTIONS/MODIFICATIONS ARE MADE BY THE OUTSIDE CPA. TI	HE REVISED DRAFT
IS THEN REVIEWED BY THE ORGANIZATION'S MANAGEMENT. ANY CO	ONCERNS THAT THE
MANAGEMENT HAS ARE RAISED WITH THE CPA FIRM AND A CONSENS	US IS ACHIEVED. A
COPY OF THE FORM 990 IS MADE AVAILABLE TO THE BOARD OF DI	RECTORS ON THE
ORGANIZATION'S WEBSITE FOR REVIEW PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
WRITTEN CONFLICT OF INTEREST DISCLOSURES ARE SIGNED ANNUAL	LLY BY ALL
DIRECTORS AND OFFICERS. ANY POTENTIAL CONFLICTS DISCLOSE	D ARE IMMEDIATELY
INVESTIGATED BY THE COMPLIANCE OFFICER AND STEPS ARE TAKE	
CONFLICT ISSUES.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND POLICY STATEMENTS ARE POSTED ON O	UR UNICODE
WEBSITE. OUR FINANCIAL STATEMENTS ARE POSTED ON OUR INTER	RNAL WEBSITE FOR
ACCESS BY OFFICERS, BOARD MEMBERS AND MEMBERS UPON REQUES	r
FORM 990, PART IX, LINE 11G, OTHER FEES:	
ENGINEER:	
- · · · · · · · · · · · · · · · · · · ·	edule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization UNICODE, INC.	Employer identification number 77-0269756
PROGRAM SERVICE EXPENSES	79,050.
MANAGEMENT AND GENERAL EXPENSES	4,161.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	83,211.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	83,211.
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Schedule O (Form 990 or 990-EZ) (2018)