Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to **Public Inspection**

Part I	Annual Report	Identification Information								
For calend	ar plan year 2018 or fi	scal plan year beginning 01/01/20	018	and ending 1	2/31/2018					
A This ret	turn/report is for:	a single-employer plan	a multiple-employer pla	an (not multiemployer) (aployer information in ac	, -					
		a one-participant plan	a foreign plan							
B This reti	urn/report is	the first return/report	the final return/report							
•		an amended return/report	a short plan year return	n/report (less than 12 m	nonths)					
C Check	box if filing under:	Form 5558	automatic extension		DFVC program					
Dawt II	Dania Dian Info	special extension (enter descri								
Part II		ermation—enter all requested info	ormation		4 h ==	1				
1a Name	•				1b Three-digit					
DEEP INSTI	INCT, INC. 401(K) PLA	AN			plan number (PN) ▶	001				
					1c Effective date of					
						1/2018				
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O.			2b Employer Identi (EIN) 36-4	fication Number 817322				
-	NCT USA, INC.	e, country, and ZIP or foreign posta	al code (if foreign, see instr	ructions)	2c Sponsor's telep					
					2d Business code (see instructions)					
501 MADISC	ON AVENUE				541519					
SUITE 1202 NEW YORK,	NY 10022									
3a Plan a	dministrator's name a	nd address X Same as Plan Spon	eor		3b Administrator's	FIN				
Ju Hana		dadicas Modific as Flair opon	301.		7 Administrator 5					
					3c Administrator's	telephone number				
		e plan sponsor or the plan name ha			4b EIN					
	ian, enter the pian spo or's name	nsor's name, EIN, the plan name ar	nd the plan number from tr	ne last return/report.	4d PN					
C Plan N										
5a Total	number of participants	at the beginning of the plan year			. 5a	14				
b Total	number of participants	at the end of the plan year			. 5b	18				
		account balances as of the end of t			. 5c	15				
d(1) Tot	al number of active pa	rticipants at the beginning of the pla	an year		5d(1)	14				
d(2) Total number of active participants at the end of the plan year			. 5d(2)							
		terminated employment during the			5e	0				
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable ca						
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, as								
SIGN		/valid electronic signature.	05/16/2019	NAAMA GEVA						
HERE	Signature of plan a	ndministrator	Date	Enter name of individ	lual signing as plan ad	ministrator				
SIGN		/valid electronic signature.	05/16/2019	NAAMA GEVA						

Date

HERE

Enter name of individual signing as employer or plan sponsor

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c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								No No	
7	С			-					ш		
a Total plan assets	Pai	rt III Financial Information									
D Total plan liabilities 7b 0 0 C Net plan assets (subtract line 7b from line 7a) 7c 0 659736 S Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from:	7	Plan Assets and Liabilities		(a) Beginning	of Year	,		(b) End	of Year		
C Net plan assets (subtract line 7b from line 7a)	a	Total plan assets	7a		0				659736		
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) 0 170468 3(2) Participants. 8a(2) 170468 3(3) Others (including rollovers)	b	Total plan liabilities	7b		0				0		
a Contributions received or receivable from: (1) Employers (2) Participants	С	Net plan assets (subtract line 7b from line 7a)	7c		0				659736		
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b) ⁷	Γotal		
(3) Other s(including rollovers)	a		8a(1)		0						
b Other income (loss)		(2) Participants	8a(2)	17	70468	_					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)	5	75808						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b	-1	60715						
e Certain deemed and/or corrective distributions (see instructions) 8e			8c						685561		
f Administrative service providers (salaries, fees, commissions)		to provide benefits)	8d								
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)									
i Net income (loss) (subtract line 8h from line 8c)		'			0	_					
Transfers to (from) the plan (see instructions)	<u> </u>										
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2F 2G 2J 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X 5502 f Has the plan failed to provide any benefit when due under the plan? 10f X 10f X	-								659736		
Second Part V Compliance Questions		· oj									
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10			f t	des from the List of Di	Ol			and a second section			
Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X c Was the plan covered by a fidelity bond? 10c X 30000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) 10e X 5502 f Has the plan failed to provide any benefit when due under the plan? 10f X g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X lif this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	эа		reature co	ides from the List of Pi	an Cha	racten	Silc Co	odes in the ins	tructions.		
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X	b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the instr	uctions:		
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	t V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10	During the plan year:				Yes	No		Amount		
reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b		•		10b		X				
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c	X			300	000	
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under			10e	Х			55	502	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X				
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g			·	10g		X				
· · · · · · · · · · · · · · · · · · ·	h	· · · · · · · · · · · · · · · · · · ·	•		10h		X				
	i	·			10i						

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Part	VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
11a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Day Year								
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b	Enter the minimum required contribution for this plan year	12b							
С	Enter the amount contributed by the employer to the plan for this plan year	12c							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	□ No □ N/A					
Part '	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s 🔀 No					
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	the		Yes X No					
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to							
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)					

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

0040

2018

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

F	Part I Annual Report	Identification Informatio	n						
For	r calendar plan year 2018 or fi	scal plan year beginning	01/01/2018	and ending	12/31/201	8			
	This return/report is for: This return/report is:	a single-employer plan a one-participant plan the first return/report an amended return/report	a multiple-employer plan a list of participating emp a foreign plan the final return/report a short plan year return/re	oloyer information in	accordance with the				
С	Check box if filing under:	Form 5558 special extension (enter des	automatic extension		DFVC pi	ogram			
P	art II Basic Plan Info	ormation enter all requeste	d information						
1a	Name of plan Deep Instinct, Inc	. 401(k) Plan			1b Three-digit plan number (PN) ▶	001			
					1c Effective da 01/01/2				
2a	Mailing Address (include roo	oyer, if for a single-employer plan om, apt., suite no. and street, or P ce, country, and ZIP or foreign po	.O. Box)	tions)	2b Employer I	dentification Number -4817322			
	Deep Instinct USA,		star code (ir foreign, see instruc	шопау	2c Sponsor's telephone number (212) 981-2703				
	501 Madison Avenue Suite 1202 US New York NY 10022				2d Business c 541519	ode (see instructions)			
<u>3</u> a		ind address X Same as Plan S	ponsor		3b Administrat	or's EIN			
					3c Administrat	or's telephone number			
4		e plan sponsor or the plan name Insor's name, EIN, the plan name			4b EIN				
a	Sponsor's name Plan Name	noo. o namo, zin, alo pair namo		act lotally open.	4d PN				
5a		at the beginning of the plan year				14			
b		at the end of the plan year			5b	18			
С		account balances as of the end o			5c	15			
d	(1) Total number of active pa	rticipants at the beginning of the p	olan year	••••••	5d(1)	14			
d	(2) Total number of active pa	rticipants at the end of the plan ye	ear	•••••	5d(2)	14			
е		terminated employment during th			5e	0			
C	aution: A penalty for the late	or incomplete filing of this retu	urn/report will be assessed ur	nless reasonable ca	use is established	l.			
U	nder penalties of perjury and o	other penalties set forth in the inst	ructions, I declare that I have ex	camined this return/re	eport, including, if a	pplicable, a Schedule			

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

Date

May 16, 2019

May 16, 2019

Reut Rubinstein

Reut Rubinstein

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

belief, it is true, correct, and complete.

Signature of plan administrator

Signature of employer/plan spoosor

Naama Geva

Naama Geva

SIGN HERE

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)	••••••	••••••	•••••	•••••	•••••	XYes	□No
b	Are you claiming a waiver of the annual examination and report of ar under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd condition	ons.)	•••••	••••••	•••••		••••••	XYes	□No
	If you answered "No" to either line 6a or line 6b, the plan cannot					_		_		
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA sectior	า 402	1)?		Yes	∐ No	Not de	etermined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year					(See instruc	tions.)
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	•			(b) End	of Year	
а	Total plan assets	7a			0				659,	736
b	Total plan liabilities	7b			0					0
С	Net plan assets (subtract line 7b from line 7a)	7c			0				659,	736
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) T	otal	
а	Contributions received or receivable from:	0-(4)			0					
	(1) Employers	8a(1)	1.5	70,4						
	(2) Participants	8a(2)								
h	(3) Others (including rollovers)	8a(3)		75,8						
<u>b</u>	Other income (loss)	8b	(60	71,71	5)					
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							685,	561
	to provide benefits)	8d	1	L7,0	82					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f		8,7	43					
g	Other expenses	8g			0					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					25,825			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							659,	736
<u>j</u>	Transfers to (from) the plan (see instructions)	8j			0					
Pa	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	aract	eristic	Code	s in the	e instructi	ons:	
	2A 2F 2G 2J 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	racte	ristic	Codes	in the	instructio	ns:	
Pa	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а	1 71 1									
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	duciary Correction							
	Program)			10a		Х				
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		x				
				10c	x					30,000
d				100						,,,,,,,
	by fraud or dishonesty?			10d		х				
е										
	carrier, insurance service, or other organization that provides some			10e	x					5,502
	the plan? (See instructions.)									3,302
f				10f		x				
<u>g</u>			•	10g		Х				
h	If this is an individual account plan, was there a blackout period? (3 2520.101-3.)			10h		x				
i	If 10h was answered "Yes," check the box if you either provided th									
	exceptions to providing the notice applied under 29 CFR 2520.101	-3	••••••••••	10i						

Form 5500-SF 2018		

Part	: VI	Pension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500 and line 11a below)					Yes X] No
11a		ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	******	11a				
12] No
а	If a wai	ver of the minimum funding standard for a prior year is being amortized in this plan year, see in	structions, an			of the le	etter ruli	ng
		g the waiver		_ Da	у	Yea	r	
If y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.					
b	Enter th	ne minimum required contribution for this plan year.	***************************************	12b				
С	c Enter the amount contributed by the employer to the plan for the plan year							
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)							
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?	•••••		Yes [No	□ N/	Ά
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has a r	resolution to terminate the plan been adopted in any plan year?	•••••	Ę	Yes	X	No	
	If "Yes,	" enter the amount of any plan assets that reverted to the employer this year	••••••	13a				
b		Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?	o .	•••••		Yes [X No	
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identassets or liabilities were transferred. (See instructions.)	itify the plan(s) to				
13	3c(1) Na	me of plan(s):	13c(2) EI	N(s)		13c	(3) PN(s)

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