Fc	orm 5500-SF	Short Form Annual		of Small Emplo	yee	(DMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employe Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058 the Internal Revenue Code (the Code).		e	2012			
Department of Labor Employee Benefits Security Administration				8(a) of This Form is Op		Open to Public		
	Benefit Guaranty Corporation	Complete all entries in acc	ordance with the instru	ctions to the Form 550	00-SF.	115	Jection	
Part I		dentification Information	040		40/04/	204.2		
-	idar plan year 2012 or fisc		—		12/31/			
A This r	eturn/report is for:	X a single-employer plan		lan (not multiemployer)		a one-particip	ant plan	
B This r	eturn/report is:	the first return/report	the final return/report					
		an amended return/report a short plan year return/report (less than 12 months)						
C Check	k box if filing under:	X Form 5558	automatic extension			DFVC program	m	
		special extension (enter descrip	otion)					
Part II	Basic Plan Inforr	mation—enter all requested infor	rmation					
1a Nam					1b	Three-digit		
DECOART	, INC. 401(K) PLAN					plan number (PN) ▶	001	
					10	Effective date of		
					10	01/01/	•	
2a Plan DECO AR		ess; include room or suite number	(employer, if for a single-	-employer plan)	2b	Employer Identif (EIN) 61-103	cation Number	
P.O. BOX	207	P.O. BOX	207		2c	Sponsor's telephone number 606-365-3193		
	297 D, KY 40484		D, KY 40484		2d	Business code (see instructions) 339900		
3a Plan	administrator's name and	address Same as Plan Sponso	r Name Same as Plar	n Sponsor Address	3b	Administrator's E	-	
KENNETH H		PO BOX 297			••••	61-1033380		
DECO ART,		STANFORD	, KY 40484		3c	3c Administrator's telephone number		
4 If the		blan sponsor has changed since th	a laat vatura/raport filed f	or this plan, antor the	45			
		per from the last return/report.	le last return/report lileu id	or this plan, enter the	4b EIN			
a Spor	nsor's name				4c	PN		
5a Tota	I number of participants at	t the beginning of the plan year			5a	1 72		
b Tota	I number of participants at	t the end of the plan year			5b		87	
		count balances as of the end of th		•	5c		64	
-	• •					•	64 X Yes No	
	•	during the plan year invested in eligner annual examination and report	5	,			X Yes No	
		See instructions on waiver eligibili					X Yes No	
lf yc	ou answered "No" to eith	ner line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use	Form	5500.		
Caution:	A penalty for the late or	incomplete filing of this return/	report will be assessed	unless reasonable ca	use is	established.		
SB or Scl		er penalties set forth in the instructi signed by an enrolled actuary, as ete.						
SIGN	Filed with authorized/va	lid electronic signature. 09/27/2013 KENNETH HOWELL			-			
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	Enter name of individual signing as plan administrator			
SIGN HERE								
	Signature of employer/plan sponsor Date Enter name of individuer's name (including firm name, if applicable) and address; include room or suite number (optional)				-	ual signing as employer or plan sponsor		
JANNA S.	's name (including firm nar RIGNEY, CPA N, HUGHES & CHRISTO		uae room or suite numbe	er (optional)	Prep	barer's telephone 859-236	number (optional) -6628	
DANVILLE	880 E, KY 40423-0880							

b Total plan labilities 7p 7p c Net plan assets (subtract line 7b from line 7a) 7c 2503719 2503719 a Contributions received or receivable from: (a) Amount (b) Total a Contributions received or receivable from: 6s(1) 6s(3) (a) Detres (including rollowers) 6s(3) 141796 (b) Other income (loss) 6s(3) 6s(3) 141796 (c) Participants 6s(3) 6s(3) 141796 (c) Total income (loss) 6s(3) 6s(3) 141796 (c) Catal income (loss) 6s(3) 6s(3) 141796 (c) Catal income (loss) 6s(3) 6s(3) 141796 (c) Catal income (loss) 6s(3) 141796 39776 (c) Catal income (loss) 6s(3) 12989 9 (c) Catal income (loss) 6s(3) 12989 9 (c) Catal income (loss) 6s(3) 12989 12976 (c) Catal income (loss) 6s(3) 12989 9 (c) Catal income (loss) 6s(3) 12989 14733 (c) Tatal income (loss) 6s(3) 12978 130 (c) Catal income instructions) 6g 16 14733 (c) Tatal income instru	Part III Financial Information								
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C Net plan assets (subtract line 7b from line 7a)	a Total plan assets	7a	250371	9			2651030		
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable form: 8a(1) 85913 (a) Controlutions received or receivable form: 8a(2) 141796 (b) Engloyees 8a(2) 141796 (c) Other income (loss) 8a(2) 141796 (c) Other income (loss) 8a(2) 141796 (c) Total income (loss) 8a(2) 141796 (c) Other income (loss) 8a(2) 237510 (c) Control income (lass) (including direct rolivoers and insurance premium in provide benefits) 8d 237510 (c) Control income (loss) (subtract line 8d, fee, 8(], and 8g) 8d 237510 30776 (c) Control income (loss) (subtract line 8d, fee, 8(], and 8g) 8d 237510 30 30776 (c) Other expenses (and line 8d, fee, 8(], and 8g) 8d 12265 30	b Total plan liabilities	7b							
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c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					_				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			17008	0	_				
Bd 237510 e Certain deemed and/or corractive distributions (see instructions). 8e f Administrative service providers (statifies, fees, commissions). 8f 12968 g Other expenses. 8g 12968 g Other expenses. 8g 1473 i Net income (loss) (subtract line 8h from line 8c). 8i 1473 j Transfers to (from) the plan (see instructions). 8j 1473 g If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2R 2T 3D b If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2R 2T 3D b During the plan year: Yes No Amount 29 20 CFR 2510.3-102? (See instructions and DOL's Voluntary Flucianty Correction Program) 10a X 2 c Was there a failure to transmit to the plan any participant contributions within the time period described in 10a X 2	-	8C			_		397789		
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i Net income (loss) (subtract line 8h from line 8c)							250478		
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g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	insurance service or other organization that provides some or al	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				x			
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exceptions to providing the notice applied under 29 CFR 2520.101-3	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR					x	51010		
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(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 minimum the waiver. Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
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b Enter the minimum required contribution for this plan year	 (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is be granting the waiver. 	w, as applicable	in this plan year, see instruc		, and e		•		

С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d							
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	Part VII Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN