Form 5500-SF				Report of Small Emplo	yee	C	MB 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 Employee			e	2	2010		
Department of Labor Retirement Income Security Ad			Act of 1974	et of 1974 (ERISA), and section 6058(a) of the Revenue Code (the Code).			This Form is Open to Public		
Ponsion Ropofit Guaranty Corporation				h the instructions to the Form 550	Insp	pection			
-		entification Information			2/31/2	2010			
	calendar plan year 2010 or fisca	single-employer plan			2/31/2	-			
	This return/report is for:		•	mployer plan (not multiemployer)		one-participar	it plan		
B	This return/report is for:	first return/report	final retur	•					
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)	-			
C	Check box if filing under:	Form 5558		extension		DFVC program	n		
	special extension (enter description)								
		nation—enter all requested information	ation						
	Name of plan ELTECH 401(K) PLAN				10	Three-digit plan number			
PAIN	ELIEGH 401(K) FLAN					(PN) ► 001			
					1c	C Effective date of plan			
		ess (employer, if for single-employer	plan)		2b	Employer Identifi	cation Number		
		.DINGS, INC.			2c	Plan sponsor's te	elephone number		
	JOHN STEVENS WAY UIAM, WA 98550				2d	360-538 Business code (s			
3a	Plan administrator's name and	address (if same as Plan sponsor, er DINGS, INC. 2999 JOHN S	3")	3b	321210 Administrator's E	IN			
PAN	ELTECH INTERNATIONAL HOL	DINGS, INC. 2999 JOHN S. HOQUIAM, V	WAY		20-4748				
			3C	Administrator's te 360-538	elephone number -1480				
4 If the name and/or EIN of the plan sponsor has changed since the last rename, EIN, and the plan number from the last return/report. Sponsor's rename.				port filed for this plan, enter the	4b				
	name, EIN, and the plan humber	f from the last return/report. Sponso	rs name		4c	PN			
5a	Total number of participants at	the beginning of the plan year			5a		48		
b Total number of participants at the end of the plan year									
C Total number of participants with account balances as of the end of complete this item)				rear (defined benefit plans do not					
6a Were all of the plan's assets during the plan year invested in eligible					5c		X Yes No		
-		e annual examination and report of a			PA)				
under 29 CFR 2520.104-46? (See instructions on waiver eligibility an				,			Yes No		
Pa	rt III Financial Informa	er 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 55	00.				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Vear		
a			7a	23054	1		253887		
b	•				C		0		
С	•	b from line 7a)		23054	1		253887		
8	Income, Expenses, and Transf	·		(a) Amount		(b) T	otal		
а	Contributions received or received			1882	2				
			8a(1)	1572	_				
			8a(2)		0				
h	., ,			1720	-				
b	($P_{2}(2)$ $P_{2}(2)$ and $P_{2}(2)$		17203	-		34812		
c d		Ba(2), 8a(3), and 8b) ollovers and insurance premiums	8c				01012		
u			8d	11460	6				
е			8e	(0				
f	Administrative service provider	s (salaries, fees, commissions)	8f	(0				
g	Other expenses		8g	(0				
h	Total expenses (add lines 8d, 8	Fotal expenses (add lines 8d, 8e, 8f, and 8g)				11466			
i	Net income (loss) (subtract line	8h from line 8c)	8i				23346		
i	Transfers to (from) the plan (se	e instructions)	8j		C				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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: 2G 2J 2K 3D 2A 2E 2F
- **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	Du	iring the plan year:		Yes	No		Amo	unt		_
а		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)			Х					
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		Х					_
С	W	as the plan covered by a fidelity bond?					25000)		
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	reimbursed by the plan's fidelity bond, that was caused by fraud							
e	insurance service or other organization that provides some or all of the benefits under the plan? (See		10e	x					639)
f	Ha	is the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Di	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х					21424	ł
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х					
i	i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3		10i							
Part	VI	Pension Funding Compliance								
11		this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	× No	,
lf) b c d <u>e</u> Part 13a b	(If If a gra Vou En En Su ne Wi VII Ha If "	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- nting the waiver	ctions, th of a under	and e	12b 12c 12d 13a ontrol	ne date of	the let Year			
1		Name of plan(s):		13	c (2) El	N(s)	1	3c(3)	PN(s)	
Caut	ion	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ISE IS	establ	lished.				_

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, 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 belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/10/2011	CHRISTINE KINCAID
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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