

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>EKOS CORPORATION 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>02/01/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>02/01/1999</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>02/01/1999</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>EKOS CORPORATION</u> <u>11911 NORTH CREEK PARKWAY SOUTH</u> <u>BOTHELL, WA 98011</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>91-1728211</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>425-415-3100</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>339110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>91-1728211</u>	2c Sponsor's telephone number <u>425-415-3100</u>	2d Business code (see instructions) <u>339110</u>	
2b Employer Identification Number (EIN) <u>91-1728211</u>					
2c Sponsor's telephone number <u>425-415-3100</u>					
2d Business code (see instructions) <u>339110</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/05/2012	ROBERT HUBERT
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") EKOS CORPORATION 11911 NORTH CREEK PARKWAY SOUTH BOTHELL, WA 98011	3b Administrator's EIN 91-1728211
	3c Administrator's telephone number 425-415-3100

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	115
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	97
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	25
d Subtotal. Add lines 6a , 6b , and 6c	6d	122
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	122
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	81
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a 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 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information – Small Plan)
(3) ☐ **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☐ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning **01/01/2011** and ending **12/31/2011**

A Name of plan EKOS CORPORATION 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 EKOS CORPORATION	D Employer Identification Number (EIN) 91-1728211	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

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(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65	RECORDKEEPER	200	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan EKOS CORPORATION 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 EKOS CORPORATION	D Employer Identification Number (EIN) 91-1728211	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	76221	169465
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	22278	39835
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2601778	2456324
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2700277	2665624

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2700277	2665624
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	459390	
(C) Others (including rollovers)	2a(1)(C)	50749	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		510139
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	2169	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2183
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	49036	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		49036
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-154407
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		406951

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	441249	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		441249
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	355	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		355
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		441604

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-34653
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GRANT THORNTON

(2) EIN: 36-6055558

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 5b** 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.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>EKOS CORPORATION 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>EKOS CORPORATION</u>	D Employer Identification Number (EIN) <u>91-1728211</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
If the plan is a defined benefit plan, go to line 8.			
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**Financial Statements and Report of Independent
Certified Public Accountants**

EKOS Corporation 401(k) Plan

December 31, 2011 and 2010

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Report of Independent Certified Public Accountants

Plan Administrator
EKOS Corporation 401(k) Plan

Grant Thornton LLP
520 Pike Street, Suite 2800
Seattle, WA 98101-1389
T 206.623.1121
F 206.623.9247
www.GrantThornton.com

We were engaged to audit the accompanying statements of net assets available for benefits of EKOS Corporation 401(k) Plan (the Plan) as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental Schedule H, line 4i – Schedule of Assets (held at end of year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the Trustee as of December 31, 2011 and 2010, and for the year ended December 31, 2011, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

Seattle, Washington
September 20, 2012

EKOS Corporation 401(k) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31,

	<u>2011</u>	<u>2010</u>
ASSETS		
Investments, at fair value		
Mutual funds	\$ 2,456,324	\$ 2,601,778
Money market funds	169,465	76,220
Total investments	<u>2,625,789</u>	<u>2,677,998</u>
RECEIVABLES		
Notes receivable from participants	<u>39,835</u>	<u>22,278</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 2,665,624</u></u>	<u><u>\$ 2,700,276</u></u>

The accompanying notes are an integral part of these financial statements.

EKOS Corporation 401(k) Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2011

ADDITIONS

Additions to net assets attributed to:

Participant contributions and rollovers	\$ 510,139
---	------------

Investment income

Interest and dividends	49,051
------------------------	--------

Net depreciation in fair value of investments	(154,407)
---	-----------

Interest income on notes receivable from participants	<u>2,169</u>
---	--------------

Total additions	<u>406,952</u>
-----------------	----------------

DEDUCTIONS

Deductions from net assets attributed to:

Participant distributions	441,249
---------------------------	---------

Other expenses	<u>355</u>
----------------	------------

Total deductions	<u>441,604</u>
------------------	----------------

Net decrease in net assets available for benefits	(34,652)
---	----------

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>2,700,276</u>
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End of year	<u><u>\$ 2,665,624</u></u>
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The accompanying notes are an integral part of this financial statement.

EKOS Corporation 401(k) Plan

NOTES TO FINANCIAL STATEMENTS

For the years ended December 31, 2011 and 2010

NOTE A - DESCRIPTION OF PLAN

The following description of the EKOS Corporation 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution plan, established February 1, 1999, covering all eligible employees of EKOS Corporation (the Company). The Plan provides for contributions pursuant to Section 401(a) of the Internal Revenue Code and is subject to the provisions of the Employee Retirement Income Security Act of 1974.

2. Eligibility

Employees become eligible for the Plan the first day of the month subsequent to hire date. Participants may enter the Plan on the first day of each Plan Year and the first day of the fourth, seventh, and tenth month of each Plan Year.

3. Contributions

Plan participants may contribute up to 60% of their qualified compensation to the Plan, subject to Internal Revenue Code regulations. Participants may also contribute amounts representing rollover distributions from other qualified plans.

The Company does not match contributions made by participants. The Company may make qualified non-elective contributions and profit sharing contributions at the discretion of the Board of Directors. There were no discretionary contributions for the year ended December 31, 2011.

4. Participant Accounts

Participants' accounts are credited with their contributions, any Company contributions and earnings on the investment funds in their accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

5. Vesting

Participants' contributions, employer-qualified non-elective contributions and all earnings thereon are 100% vested at all times. Employer profit-sharing contributions vest at 25% for each year of service and are 100% vested after four years.

In the event of death, disability, or retirement at the age of 65, participants become fully vested in all of their accounts, regardless of the vesting percentage attained at that date.

EKOS Corporation 401(k) Plan

NOTES TO FINANCIAL STATEMENTS

For the years ended December 31, 2011 and 2010

NOTE A - DESCRIPTION OF PLAN - Continued

6. Investment Options

Participants may select one or more predetermined investment options for the investing of contributions and earnings. Contributions are deposited directly into the participant-elected investment vehicles by the trustee and custodian of the Plan.

7. Notes Receivable from Participants

Plan participants may borrow from their fund accounts, generally for periods not to exceed 5 years, a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. If loans are for the purchase of a primary residence, repayment periods can be up to 10 years. Interest is paid by the borrower at a rate determined by the administrator based on the prevailing interest rates for loans made under similar circumstances. Interest payments become part of the participant's account balance.

8. Distribution of Benefits

Upon retirement, disability, or termination, a participant may elect to take a distribution up to the vested balance of the participant's account, which is paid as a lump sum payment of cash, rollover the vested balance into another qualified plan, or a combination of distribution and rollover. The Plan has the option to distribute all account balances less than \$1,000 upon participant termination without participant consent. Upon death, the stated beneficiary is entitled to receive the account balance. The Plan also allows hardship withdrawals, subject to a \$500 minimum, to meet certain defined financial needs.

9. Tax Status

The Company has adopted a Prototype Standardized Profit Sharing/401(k) Plan with a deferral arrangement, which received a favorable opinion letter from the Internal Revenue Service on December 5, 2001. The opinion letter stated that the Plan and its related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has since been amended and restated. In the opinion of the Plan Administrator, the Plan and its related trust are designed and currently operating in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2008.

EKOS Corporation 401(k) Plan

NOTES TO FINANCIAL STATEMENTS

For the years ended December 31, 2011 and 2010

NOTE A - DESCRIPTION OF PLAN - Continued

10. Forfeitures

Forfeitures of nonvested account balances may be used to pay administrative expenses under the Plan or to reduce future employer contributions. There were no forfeitures in 2011.

11. Administrative Expenses

The Plan's administrative fees are paid by the Plan Sponsor.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

1. Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting. Benefits are recorded when paid.

2. Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Interest and dividend income are accrued as earned. Net appreciation or depreciation in fair value is the net gain or loss on disposition of investments plus the net unrealized increase or decrease in fair value during the year for investments held at year end.

3. Risks and Uncertainties

The Plan invests in various investment securities which are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and changes therein.

4. Payment of Benefits

Benefits are recorded when paid.

5. Contributions

Employee contributions are recorded in the period during which the Company makes payroll deductions from the Plan participants' earnings. There are presently no employer contributions.

EKOS Corporation 401(k) Plan

NOTES TO FINANCIAL STATEMENTS

For the years ended December 31, 2011 and 2010

NOTE B - SUMMARY OF ACCOUNTING POLICIES - Continued

6. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

NOTE C - CERTIFIED INVESTMENT INFORMATION

The Plan Administrator has obtained certification from Fidelity Management Trust Company, Trustee of the Plan, that the following unaudited information included in the Plan's financial statements and supplemental schedule is complete and accurate:

- Investment assets and notes receivable from participants, as shown in the statements of net assets available for benefits as of December 31, 2011 and 2010.
- Trust transactions, including investment income, securities transactions and interest income on notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2011.
- Information included on Schedule H, Line 4i, Schedule of assets (held at end of year) as of December 31, 2011.

The Plan Administrator elected the method of compliance permitted by Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Under the provisions of ERISA, information certified by a trust company or an insurance company need not be subjected to independent audit.

NOTE D - FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, (formerly FASB Statement No. 157) establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB Statement No. 157 are described as follows:

EKOS Corporation 401(k) Plan

NOTES TO FINANCIAL STATEMENTS

For the years ended December 31, 2011 and 2010

NOTE D - FAIR VALUE MEASUREMENTS - Continued

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
Level 2	<p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none">• quoted prices for similar assets or liabilities in active markets;• quoted prices for identical or similar assets or liabilities in inactive markets;• inputs other than quoted prices that are observable for the asset or liability;• inputs that are derived principally from or corroborated by observable market data by correlation or other means. <p>If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.</p>
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011.

Mutual funds: Valued at the quoted market value of the fund, which represents the net asset value (NAV) of shares held by the Plan at year end.

Money market funds: Valued at cost, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

EKOS Corporation 401(k) Plan

NOTES TO FINANCIAL STATEMENTS

For the years ended December 31, 2011 and 2010

NOTE D - FAIR VALUE MEASUREMENTS - Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Assets at Fair Value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Growth funds	\$ 871,167	\$ -	\$ -	\$ 871,167
Growth and income funds	489,123	-	-	489,123
International	265,714	-	-	265,714
Index	157,024	-	-	157,024
Fixed income funds	382,206	-	-	382,206
Balanced funds	-	-	-	-
Fidelity freedom funds	291,090	-	-	291,090
Money market funds	169,465	-	-	169,465
Total assets at fair value	<u>\$ 2,625,789</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,625,789</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Growth funds	\$ 917,639	\$ -	\$ -	\$ 917,639
Growth and income funds	464,531	-	-	464,531
International	284,751	-	-	284,751
Index	350,615	-	-	350,615
Fixed income funds	350,897	-	-	350,897
Balanced funds	233,345	-	-	233,345
Fidelity freedom funds	-	-	-	-
Money market funds	76,220	-	-	76,220
Total assets at fair value	<u>\$ 2,677,998</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,677,998</u>

EKOS Corporation 401(k) Plan

NOTES TO FINANCIAL STATEMENTS

For the years ended December 31, 2011 and 2010

NOTE E - PLAN TERMINATION

In the event of Plan termination, the net assets will be available for the exclusive use of the participants. All employer contributions will be considered vested upon termination of the Plan, regardless of each participant's vested status at the date of termination. The complete provisions covering the Plan termination are included in the Plan document, which is available to all participants.

NOTE F - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by an entity affiliated with Fidelity Management Trust Company, the trustee of the Plan. These transactions qualify as party-in-interest transactions.

NOTE G - INVESTMENTS IN EXCESS OF 5% OF NET ASSETS

The following table presents the fair value of individual investments that represent 5% or more of the Plan's net assets at December 31:

	2011	2010
Fidelity Balanced Fund	\$ 340,690	\$ 287,941
Fidelity Value Fund	245,649	268,639
Fidelity Dividend Growth Fund	208,489	241,570
Fidelity Government Income Fund	202,877	166,906
Fidelity Europe Fund	171,478	247,030
Fidelity Retirement Government Money Market	169,465	-
Spartan U.S. Equity Index Fund	157,024	350,615
Fidelity Real Estate Investment Fund	139,057	159,873
Fidelity U.S. Bond Index Fund	-	151,749

Transactions with Fidelity are party-in-interest transactions.

The Plan's investments in mutual funds depreciated in value by \$154,407 during 2011.

NOTE H - SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2011 financial statements for subsequent events through September 20, 2012, the date the financial statements were available to be issued. The Company is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

Supplemental Schedule

EKOS Corporation 401(k) Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2011

Identity of Issuer	Investment Option	Current Value
	Money market funds:	
Fidelity	Retirement Government Money Market	\$ 169,465
	Growth mutual funds:	
Fidelity	Value Fund	245,649
Fidelity	Leveraged Company Stock Fund	87,030
Fidelity	Capital Appreciation Fund	75,460
Fidelity	Dividend Growth Fund	208,489
Fidelity	Small Cap Independence Fund	38,603
Fidelity	Small Cap Stock Fund	69,408
Fidelity	Small Cap Discovery Fund	97,451
Fidelity	Mid Cap Growth Fund	49,077
		<u>871,167</u>
	Growth and income funds:	
Fidelity	Equity-Income Fund	7,535
Fidelity	Disciplined Equity	1,841
Fidelity	Real Estate Investment Portfolio	139,057
Fidelity	Balanced Fund	340,690
		<u>489,123</u>
	Fidelity freedom funds:	
Fidelity	Freedom 2000 Fund	2,426
Fidelity	Freedom 2010 Fund	-
Fidelity	Freedom 2015 Fund	1,513
Fidelity	Freedom 2020 Fund	49,313
Fidelity	Freedom 2025 Fund	325
Fidelity	Freedom 2030 Fund	52,605
Fidelity	Freedom 2035 Fund	21,492
Fidelity	Freedom 2040 Fund	129,613
Fidelity	Freedom 2045 Fund	30,863
Fidelity	Freedom 2050 Fund	514
Fidelity	Freedom Income Fund	2,426
		<u>291,090</u>
	International funds:	
Fidelity	Europe Fund	171,478
Fidelity	International Discovery	25,604
Fidelity	Worldwide Fund	68,632
		<u>265,714</u>
	Index mutual funds:	
Spartan	U.S. Equity Index Fund	157,024
	Fixed income funds:	
Fidelity	Investment Grade Bond Fund	57,464
Fidelity	Government Income Fund	202,877
Spartan	U.S. Bond Index Fund	121,865
		<u>382,206</u>
	Notes receivable from participants	<u>39,835</u>
		<u>\$ 2,665,624</u>

Transactions with Fidelity are party-in-interest transactions.

The interest rate on notes receivable from participants ranged from 5.0% to 8.0% per annum.

Cost is not disclosed due to all accounts being participant directed.

**Financial Statements and Report of Independent
Certified Public Accountants**

EKOS Corporation 401(k) Plan

December 31, 2011 and 2010

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Report of Independent Certified Public Accountants

Plan Administrator
EKOS Corporation 401(k) Plan

Grant Thornton LLP
520 Pike Street, Suite 2800
Seattle, WA 98101-1389
T 206.623.1121
F 206.623.9247
www.GrantThornton.com

We were engaged to audit the accompanying statements of net assets available for benefits of EKOS Corporation 401(k) Plan (the Plan) as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental Schedule H, line 4i – Schedule of Assets (held at end of year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Fidelity Management Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained certifications from the Trustee as of December 31, 2011 and 2010, and for the year ended December 31, 2011, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Grant Thornton LLP

Seattle, Washington
September 20, 2012

EKOS Corporation 401(k) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

As of December 31,

	<u>2011</u>	<u>2010</u>
ASSETS		
Investments, at fair value		
Mutual funds	\$ 2,456,324	\$ 2,601,778
Money market funds	169,465	76,220
Total investments	<u>2,625,789</u>	<u>2,677,998</u>
RECEIVABLES		
Notes receivable from participants	<u>39,835</u>	<u>22,278</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 2,665,624</u></u>	<u><u>\$ 2,700,276</u></u>

The accompanying notes are an integral part of these financial statements.

EKOS Corporation 401(k) Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2011

ADDITIONS

Additions to net assets attributed to:

Participant contributions and rollovers	\$ 510,139
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Investment income

Interest and dividends	49,051
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Net depreciation in fair value of investments	(154,407)
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Interest income on notes receivable from participants	<u>2,169</u>
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Total additions	<u>406,952</u>
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DEDUCTIONS

Deductions from net assets attributed to:

Participant distributions	441,249
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Other expenses	<u>355</u>
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Total deductions	<u>441,604</u>
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Net decrease in net assets available for benefits	(34,652)
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NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>2,700,276</u>
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End of year	<u><u>\$ 2,665,624</u></u>
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The accompanying notes are an integral part of this financial statement.

EKOS Corporation 401(k) Plan

NOTES TO FINANCIAL STATEMENTS

For the years ended December 31, 2011 and 2010

NOTE A - DESCRIPTION OF PLAN

The following description of the EKOS Corporation 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Summary Plan Description for a more complete description of the Plan's provisions.

1. General

The Plan is a defined contribution plan, established February 1, 1999, covering all eligible employees of EKOS Corporation (the Company). The Plan provides for contributions pursuant to Section 401(a) of the Internal Revenue Code and is subject to the provisions of the Employee Retirement Income Security Act of 1974.

2. Eligibility

Employees become eligible for the Plan the first day of the month subsequent to hire date. Participants may enter the Plan on the first day of each Plan Year and the first day of the fourth, seventh, and tenth month of each Plan Year.

3. Contributions

Plan participants may contribute up to 60% of their qualified compensation to the Plan, subject to Internal Revenue Code regulations. Participants may also contribute amounts representing rollover distributions from other qualified plans.

The Company does not match contributions made by participants. The Company may make qualified non-elective contributions and profit sharing contributions at the discretion of the Board of Directors. There were no discretionary contributions for the year ended December 31, 2011.

4. Participant Accounts

Participants' accounts are credited with their contributions, any Company contributions and earnings on the investment funds in their accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

5. Vesting

Participants' contributions, employer-qualified non-elective contributions and all earnings thereon are 100% vested at all times. Employer profit-sharing contributions vest at 25% for each year of service and are 100% vested after four years.

In the event of death, disability, or retirement at the age of 65, participants become fully vested in all of their accounts, regardless of the vesting percentage attained at that date.

EKOS Corporation 401(k) Plan

NOTES TO FINANCIAL STATEMENTS

For the years ended December 31, 2011 and 2010

NOTE A - DESCRIPTION OF PLAN - Continued

6. Investment Options

Participants may select one or more predetermined investment options for the investing of contributions and earnings. Contributions are deposited directly into the participant-elected investment vehicles by the trustee and custodian of the Plan.

7. Notes Receivable from Participants

Plan participants may borrow from their fund accounts, generally for periods not to exceed 5 years, a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. If loans are for the purchase of a primary residence, repayment periods can be up to 10 years. Interest is paid by the borrower at a rate determined by the administrator based on the prevailing interest rates for loans made under similar circumstances. Interest payments become part of the participant's account balance.

8. Distribution of Benefits

Upon retirement, disability, or termination, a participant may elect to take a distribution up to the vested balance of the participant's account, which is paid as a lump sum payment of cash, rollover the vested balance into another qualified plan, or a combination of distribution and rollover. The Plan has the option to distribute all account balances less than \$1,000 upon participant termination without participant consent. Upon death, the stated beneficiary is entitled to receive the account balance. The Plan also allows hardship withdrawals, subject to a \$500 minimum, to meet certain defined financial needs.

9. Tax Status

The Company has adopted a Prototype Standardized Profit Sharing/401(k) Plan with a deferral arrangement, which received a favorable opinion letter from the Internal Revenue Service on December 5, 2001. The opinion letter stated that the Plan and its related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has since been amended and restated. In the opinion of the Plan Administrator, the Plan and its related trust are designed and currently operating in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2008.

EKOS Corporation 401(k) Plan

NOTES TO FINANCIAL STATEMENTS

For the years ended December 31, 2011 and 2010

NOTE A - DESCRIPTION OF PLAN - Continued

10. Forfeitures

Forfeitures of nonvested account balances may be used to pay administrative expenses under the Plan or to reduce future employer contributions. There were no forfeitures in 2011.

11. Administrative Expenses

The Plan's administrative fees are paid by the Plan Sponsor.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

1. Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting. Benefits are recorded when paid.

2. Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade date basis. Interest and dividend income are accrued as earned. Net appreciation or depreciation in fair value is the net gain or loss on disposition of investments plus the net unrealized increase or decrease in fair value during the year for investments held at year end.

3. Risks and Uncertainties

The Plan invests in various investment securities which are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits and changes therein.

4. Payment of Benefits

Benefits are recorded when paid.

5. Contributions

Employee contributions are recorded in the period during which the Company makes payroll deductions from the Plan participants' earnings. There are presently no employer contributions.

EKOS Corporation 401(k) Plan

NOTES TO FINANCIAL STATEMENTS

For the years ended December 31, 2011 and 2010

NOTE B - SUMMARY OF ACCOUNTING POLICIES - Continued

6. Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amount of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

NOTE C - CERTIFIED INVESTMENT INFORMATION

The Plan Administrator has obtained certification from Fidelity Management Trust Company, Trustee of the Plan, that the following unaudited information included in the Plan's financial statements and supplemental schedule is complete and accurate:

- Investment assets and notes receivable from participants, as shown in the statements of net assets available for benefits as of December 31, 2011 and 2010.
- Trust transactions, including investment income, securities transactions and interest income on notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2011.
- Information included on Schedule H, Line 4i, Schedule of assets (held at end of year) as of December 31, 2011.

The Plan Administrator elected the method of compliance permitted by Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Under the provisions of ERISA, information certified by a trust company or an insurance company need not be subjected to independent audit.

NOTE D - FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, (formerly FASB Statement No. 157) establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB Statement No. 157 are described as follows:

EKOS Corporation 401(k) Plan

NOTES TO FINANCIAL STATEMENTS

For the years ended December 31, 2011 and 2010

NOTE D - FAIR VALUE MEASUREMENTS - Continued

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
Level 2	<p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none">• quoted prices for similar assets or liabilities in active markets;• quoted prices for identical or similar assets or liabilities in inactive markets;• inputs other than quoted prices that are observable for the asset or liability;• inputs that are derived principally from or corroborated by observable market data by correlation or other means. <p>If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.</p>
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011.

Mutual funds: Valued at the quoted market value of the fund, which represents the net asset value (NAV) of shares held by the Plan at year end.

Money market funds: Valued at cost, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

EKOS Corporation 401(k) Plan

NOTES TO FINANCIAL STATEMENTS

For the years ended December 31, 2011 and 2010

NOTE D - FAIR VALUE MEASUREMENTS - Continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Assets at Fair Value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Growth funds	\$ 871,167	\$ -	\$ -	\$ 871,167
Growth and income funds	489,123	-	-	489,123
International	265,714	-	-	265,714
Index	157,024	-	-	157,024
Fixed income funds	382,206	-	-	382,206
Balanced funds	-	-	-	-
Fidelity freedom funds	291,090	-	-	291,090
Money market funds	169,465	-	-	169,465
Total assets at fair value	<u>\$ 2,625,789</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,625,789</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Growth funds	\$ 917,639	\$ -	\$ -	\$ 917,639
Growth and income funds	464,531	-	-	464,531
International	284,751	-	-	284,751
Index	350,615	-	-	350,615
Fixed income funds	350,897	-	-	350,897
Balanced funds	233,345	-	-	233,345
Fidelity freedom funds	-	-	-	-
Money market funds	76,220	-	-	76,220
Total assets at fair value	<u>\$ 2,677,998</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 2,677,998</u>

EKOS Corporation 401(k) Plan

NOTES TO FINANCIAL STATEMENTS

For the years ended December 31, 2011 and 2010

NOTE E - PLAN TERMINATION

In the event of Plan termination, the net assets will be available for the exclusive use of the participants. All employer contributions will be considered vested upon termination of the Plan, regardless of each participant's vested status at the date of termination. The complete provisions covering the Plan termination are included in the Plan document, which is available to all participants.

NOTE F - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by an entity affiliated with Fidelity Management Trust Company, the trustee of the Plan. These transactions qualify as party-in-interest transactions.

NOTE G - INVESTMENTS IN EXCESS OF 5% OF NET ASSETS

The following table presents the fair value of individual investments that represent 5% or more of the Plan's net assets at December 31:

	2011	2010
Fidelity Balanced Fund	\$ 340,690	\$ 287,941
Fidelity Value Fund	245,649	268,639
Fidelity Dividend Growth Fund	208,489	241,570
Fidelity Government Income Fund	202,877	166,906
Fidelity Europe Fund	171,478	247,030
Fidelity Retirement Government Money Market	169,465	-
Spartan U.S. Equity Index Fund	157,024	350,615
Fidelity Real Estate Investment Fund	139,057	159,873
Fidelity U.S. Bond Index Fund	-	151,749

Transactions with Fidelity are party-in-interest transactions.

The Plan's investments in mutual funds depreciated in value by \$154,407 during 2011.

NOTE H - SUBSEQUENT EVENTS

The Plan evaluated its December 31, 2011 financial statements for subsequent events through September 20, 2012, the date the financial statements were available to be issued. The Company is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

Supplemental Schedule

EKOS Corporation 401(k) Plan

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2011

Identity of Issuer	Investment Option	Current Value
	Money market funds:	
Fidelity	Retirement Government Money Market	\$ 169,465
	Growth mutual funds:	
Fidelity	Value Fund	245,649
Fidelity	Leveraged Company Stock Fund	87,030
Fidelity	Capital Appreciation Fund	75,460
Fidelity	Dividend Growth Fund	208,489
Fidelity	Small Cap Independence Fund	38,603
Fidelity	Small Cap Stock Fund	69,408
Fidelity	Small Cap Discovery Fund	97,451
Fidelity	Mid Cap Growth Fund	49,077
		<u>871,167</u>
	Growth and income funds:	
Fidelity	Equity-Income Fund	7,535
Fidelity	Disciplined Equity	1,841
Fidelity	Real Estate Investment Portfolio	139,057
Fidelity	Balanced Fund	340,690
		<u>489,123</u>
	Fidelity freedom funds:	
Fidelity	Freedom 2000 Fund	2,426
Fidelity	Freedom 2010 Fund	-
Fidelity	Freedom 2015 Fund	1,513
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Fidelity	Freedom 2025 Fund	325
Fidelity	Freedom 2030 Fund	52,605
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Fidelity	Freedom 2040 Fund	129,613
Fidelity	Freedom 2045 Fund	30,863
Fidelity	Freedom 2050 Fund	514
Fidelity	Freedom Income Fund	2,426
		<u>291,090</u>
	International funds:	
Fidelity	Europe Fund	171,478
Fidelity	International Discovery	25,604
Fidelity	Worldwide Fund	68,632
		<u>265,714</u>
	Index mutual funds:	
Spartan	U.S. Equity Index Fund	157,024
	Fixed income funds:	
Fidelity	Investment Grade Bond Fund	57,464
Fidelity	Government Income Fund	202,877
Spartan	U.S. Bond Index Fund	121,865
		<u>382,206</u>
	Notes receivable from participants	<u>39,835</u>
		<u>\$ 2,665,624</u>

Transactions with Fidelity are party-in-interest transactions.

The interest rate on notes receivable from participants ranged from 5.0% to 8.0% per annum.

Cost is not disclosed due to all accounts being participant directed.