# 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), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

**2009**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/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** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
NYLSI, INC. DBA SUNRISE TOYOTA SCION 401K PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 04/01/1988

**2a** Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
NYLSI, INC.DBA SUNRISE TOYOTA SCION

3984 SUNRISE HWY
OAKDALE, NY 11769

**2b** Employer Identification Number (EIN) 42-1766369

**2c** Sponsor's telephone number 631-589-9000

**2d** Business code (see instructions) 441110

**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. | 10/12/2010 | DAVID LEIBOWITZ |
| | **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 |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
NYLSI, INC.DBA SUNRISE TOYOTA SCION

3984 SUNRISE HWY
OAKDALE, NY 11769

**3b** Administrator's EIN
42-1766369

**3c** Administrator's telephone number
631-589-9000

**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

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 114 |
| **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** | 73 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 14 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 87 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 87 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 54 |
| **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** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
3D 2G 2J 2K 2E

**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)

| | | |
|---|---|---|
| **(1)** | X | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | X | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | 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)** | X | **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)** | X | | **H** (Financial Information) |
| **(2)** | | | **I** (Financial Information – Small Plan) |
| **(3)** | X | 1 | **A** (Insurance Information) |
| **(4)** | | | **C** (Service Provider Information) |
| **(5)** | X | | **D** (DFE/Participating Plan Information) |
| **(6)** | | | **G** (Financial Transaction Schedules) |

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2010

**A** Name of plan
NYLSI, INC. DBA SUNRISE TOYOTA SCION 401K PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500.
NYLSI, INC.DBA SUNRISE TOYOTA SCION

**D** Employer Identification Number (EIN)
42-1766369

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier
THE GUARDIAN INSURANCE & ANNUITY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | (f) From | (g) To |
| 13-2656036 | 78778 | 601403 | 68 | | |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|---|
| 5981 | |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
JOHN S. MCNIERNEY
GIAC
BETHLEHEM, PA 18017

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 3888 | | 3 | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid
FOREST HILLS FINANCIAL GROUP, INC
9525 QUEENS BLVD
10TH FL
REGO PARK, NY 11374

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---|---|---|
| | (c) Amount | (d) Purpose | |
| 2093 | | 3 | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | 130470 |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 2453214 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| b | Premiums paid to carrier | 6b | |
| c | Premiums due but unpaid at the end of the year | 6c | |
| d | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GENERAL ACCOUNT

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 168592 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 1665 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 6351 | | |
| | (4) Transferred from separate account | 7c(4) | 46701 | | |
| | (5) Other (specify below) | 7c(5) | | | |
| | ▶ | | | | |
| | (6) Total additions | | | 7c(6) | 54717 |
| d | Total of balance and additions (add **b** and **c(6)**) | | | 7d | 223309 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 77142 | | |
| | (2) Administration charge made by carrier | 7e(2) | 66 | | |
| | (3) Transferred to separate account | 7e(3) | 15631 | | |
| | (4) Other (specify below) | 7e(4) | 0 | | |
| | ▶ | | | | |
| | (5) Total deductions | | | 7e(5) | 92839 |
| f | Balance at the end of the current year (subtract **e(5)** from **d**) | | | 7f | 130470 |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
**m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. | | | **10b** | |

Specify nature of costs ▶

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

# DFE/Participating Plan 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

**2009**

**This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
NYLSI, INC. DBA SUNRISE TOYOTA SCION 401K PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
NYLSI, INC.DBA SUNRISE TOYOTA SCION

**D** Employer Identification Number (EIN)
42-1766369

## Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL INDEX SEC LENDING FUN

**b** Name of sponsor of entity listed in (a): STATE STREET

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 90-0337987-104 | C | 188126 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL SC INDEX SL FUND

**b** Name of sponsor of entity listed in (a): STATE STREET

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 90-0337987-106 | C | 136798 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 INDEX SL FUND

**b** Name of sponsor of entity listed in (a): STATE STREET

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 90-0337987-107 | C | 564433 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: S&P MC INDEX SL FUND

**b** Name of sponsor of entity listed in (a): STATE STREET

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 90-0337987-108 | C | 73034 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: US BOND INDEX SL FUND

**b** Name of sponsor of entity listed in (a): STATE STREET

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 90-0337987-105 | C | 168094 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

## Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## 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

**2009**

**This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
NYLSI, INC. DBA SUNRISE TOYOTA SCION 401K PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
NYLSI, INC.DBA SUNRISE TOYOTA SCION

**D** Employer Identification Number (EIN)
42-1766369

## 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 | 0 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | 4272 | 1284 |
| **(3)** Other | 1b(3) | 4474 | 1660 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(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) | 235995 | 181686 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | 2453214 |
| **(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) | 2789806 | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | 130470 |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(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 | 3034547 | 2768314 |
| | **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 through1j) | 1k | | |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 3034547 | 2768314 |

## 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) | 143626 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 143626 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(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) | 11152 | |
| | **(F)** Other | 2b(1)(F) | 6351 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 17503 |
| | **(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) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | |
| | **(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) | | 395956 |
| (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) | | |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 557085 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 798635 | |
| (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) | | 798635 |
| **f** Corrective distributions (see instructions) | 2f | | 10128 |
| **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) | 14555 | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 14555 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 823318 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | -266233 |
| **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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: KERA & COMPANY LLC (2) EIN: 13-4069679

**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.) | 4a | | 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.) | 4b | | 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.) | 4c | | 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.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 400000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | 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? | 4g | | 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? | 4h | | 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.) | 4i | 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.) | 4j | 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? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | 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. | 4n | | | |

**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

**2009**

**This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
NYLSI, INC. DBA SUNRISE TOYOTA SCION 401K PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
NYLSI, INC.DBA SUNRISE TOYOTA SCION

**D** Employer Identification Number (EIN)
42-1766369

## 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** 0

**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): 11-3465696

**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 of 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)? ..... ☐ **Yes** ☐ **No** ☒ **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 ..... **6a** 0

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b** 0

**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** 0

**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? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **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(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **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? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **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.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **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):

---

**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):

# NYLSI, INC.
# DBA SUNRISE TOYOTA SCION
# 401(k) Plan
## FINANCIAL STATEMENTS

**DECEMBER 31, 2009**

**NYLSI, INC. (DBA SUNRISE TOYOTA SCION) 401(K) PLAN**
**December 31, 2009**

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KERA & COMPANY LLC
CERTIFIED PUBLIC ACCOUNTANTS

150 WHITE PLAINS ROAD, SUITE 406 * TARRYTOWN, NY 10591 * TEL. 914-332-8484 * FAX 914-333-7750

ACCOUNTING * MANAGEMENT CONSULTING * FINANCIAL AND ESTATE PLANNING

## INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
NYLSI, Inc. (D/B/A Sunrise Toyota Scion) 401(k) Plan

We were engaged to audit the financial statements of NYLSI, INC. (D/B/A Sunrise Toyota Scion) 401(k) Plan (the "Plan") as of December 31, 2009 and 2008, and for the years then ended as listed in the accompanying index. These financial statements 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 Disclosures 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 4, which was certified by The Guardian Insurance & Annuity Co. Inc., the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2009 and 2008 , that the information provided to the Plan administrator by the custodian 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 taken as a whole. The form and content of the information included in the financial statements, other than that derived from the information certified by the custodian, 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 Labors Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Kera & Company*

Tarrytown, New York
September 28, 2010

**NYLSI, INC. (DBA SUNRISE TOYOTA SCION) 401(K) PLAN**

**STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS**

**DECEMBER 31, 2009 AND 2008**

| | 2009 | 2008 |
|---|---|---|
| **ASSETS** | | |
| Investments - at fair market value: | | |
| Mutual funds | $ 2,453,214 | $ 2,621,214 |
| Insurance Company General Account | 130,470 | 168,592 |
| Participants' loans receivable | 181,686 | 235,995 |
| Participants' contributions receivable | 2,944 | 8,746 |
| Total assets | $ 2,768,314 | $ 3,034,547 |
| **LIABILITIES** | | |
| Excess contributions payable | 14,885 | 10,128 |
| Net assets available for benefits | $ 2,753,429 | $ 3,024,419 |

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

**NYLSI, INC. (DBA SUNRISE TOYOTA SCION ) 401(k) PLAN**
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**FOR THE YEAR ENDED DECEMBER 31, 2009**

| | 2009 |
|---|---|
| **Additions to net assets attributed to:** | |
| Investment income: | |
| Net Appreciation in Fair Value of Investments | $ 402,307 |
| Interest on participant loans | 11,152 |
| Contributions: | |
| Participants' | 128,741 |
| **TOTAL ADDITIONS** | $ 542,200 |
| **Deductions from net assets attributed to:** | |
| Benefit paid to participants | 798,635 |
| Administrative expenses | 14,555 |
| **TOTAL DEDUCTIONS** | $ 813,190 |
| **NET DECREASE** | $ (270,990) |
| Net assets available for benefits-beginning | 3,024,419 |
| Net assets available for benefits-ending | $ 2,753,429 |

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

NYLSI, INC. (DBA SUNRISE TOYOTA SCION) 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009

## 1. DESCRIPTION OF PLAN

On September 26, 2008 Auto Partners, LLC was acquired by NYLSI, Inc. (DBA Sunrise Toyota Scion). Auto Partners, LLC 401(k) Plan is hereby amended by restating it in its entirety as the NYLSI, Inc. (DBA Sunrise Toyota Scion) 401(k) Plan effective January 1, 2002.

Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### A. General

The Plan is a discretionary contribution plan covering all full-time employees of NYLSI, Inc. (The Company) who have one year of service and are age eighteen or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### B. Contributions

Each year, participants may contribute up to 15 percent of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch -up contributions. The Company contributed 50% of the first 6% of base compensation that a participant contributes to the Plan, through November 2002, after which the Company elected not to continue with these contributions.

### C. Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and (b) Plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant's earnings or account balances, as defined. Forfeited balances of terminated participants' non-vested accounts are used to reduce future Company contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### D. Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100 percent vested after seven years of credited service.

## 1. DESCRIPTION OF PLAN (CONTINUED)

### E. Participant Loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of (a) $50,000 reduced by the excess of the highest outstanding balance of all other loans from the Plan during the one-year period before the loan was made, over the outstanding balance of loans from the Plan on the date on which the loan was made or (b) 50% of the non-forfeitable amount of their account balance. A loan is collateralized by the balance in a participant's account and bears annual interest at market rate of prime plus 1%, which are commensurate with prevailing commercial rates as determined by the Plan administrator. Principal and interest are paid ratably through payroll deductions.

### F. Payment of Benefits

On termination of service due to death, disability or retirement, a participant may elect to receive either a lump sum distribution equal to the value of the participant's vested interest in his or her account or annual installments over a ten year period. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

## 2. SUMMARY OF ACCOUNTING POLICIES

### Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results may differ from those estimates.

### Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end. Participant loans receivable are valued at cost which approximates fair value. Purchases and

## 2. SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**Payments and Benefits**

Benefits are recorded when paid.

## 3. FAIR VALUE MEASUREMENTS

The Plan investments reported at fair value in the accompanying statement of net assets available for benefit.

| | Fair Value Measurements Using: | | |
|---|---|---|---|
| | Fair Value | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Unobservable Inputs (Level 3) |
| **December 31, 2008** | | | |
| Mutual funds | $ 2,453,214 | $ 2,453,214 | $ - |
| Insurance Company General Account | $ 130,470 | $ 130,470 | |
| Participant loans | 181,686 | - | 181,686 |
| Total | $ 2,765,370 | $ 2,583,684 | $ 181,686 |

SFAS No. 157, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of the fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

## 3. FAIR VALUE MEASUREMENTS (CONTINUED)

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Level 3 Fair Value Measurements

The participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

**Fair Value Measurements Using Significant Unobservable Inputs (Level 3)**

| December 31, 2008 | Participant Loans |
|---|---|
| Beginning balance | $ 235,995 |
| Purchases, sales, issuances, and settlements (net) | (54,309) |
| Ending balance | $ 181,686 |

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2009 are reported in net depreciation in fair value of investments.

## 4. INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Company entered into an investment contract with the The Guardian Insurance & Annuity Co. ("Guardian"). Guardian maintains the contributions in registered investment companies (e.g., mutual funds) customized under The Guardian Separate Account L, a registered investment company. The account is credited with earnings on the underlying investments, principally mutual funds, and charged for plan withdrawals and administrative expenses charged by The Guardian. The contract is included in the financial statements at contract value, which approximates fair value, as reported to the plan by The Guardian. Contract value represents contributions made under the contract, plus earnings, less Plan withdrawals and administrative expenses.

## 5. INFORMATION PREPARED AND CERTIFIED BY THE PLANS CUSTODIAN

The following information included in the accompanying financial statements was obtained from data that was prepared and certified to as complete and accurate by the plans custodian.

| | 2009 | | 2008 |
|---|---|---|---|
| **Investments:** | | | |
| Fidelity Advisor Equity Income Fund | $ - | | $ 5,776 |
| Fidelity Advisor High Income Advantage Fund | 25,504 | | 511 |
| Fidelity Advisor Small Cap Fund | 23,602 | | 17,001 |
| Fixed Rate Investment Option | 130,470 | | 168,592 |
| American Century Strategic Allocation: Conservative Investor Fund | 22,275 | | 17,907 |
| American Century Strategic Allocation: Moderate Investor Fund | - | | - |
| American Century Strategic Allocation: Aggressive Investor Fund | 13,974 | | 10,195 |
| American Century Equity Income Fund | 57 | | 51 |
| American Century Real Estate Fund | 3,969 | | 3,150 |
| American Century Inflation Adjusted Bond Fund | 1,850 | | 19,845 |
| Dreyfus Appreciation Fund, Inc. | - | | - |
| Dreyfus Premier New Leaders Fund | - | | 10,626 |
| Dreyfus Premier International Value Fund | - | | - |
| Janus Adviser Forty Fund | 35,831 | | 19,147 |
| Janus Adviser International Growth Fund | - | | 6,335 |
| Janus Adviser Mid Cap Value Fund | - | | 872 |
| JP Morgan Capital Growth Fund | - | | 1,554 |
| JP Morgan Small Cap Equity Fund | 4,875 | | 3,710 |
| Davis NY Venture Fund | 46,894 | | 34,104 |
| SSgA EAFE Index Fund | - | | 180,853 |
| SSgA Russell 2000 Index Fund | - | | 130,716 |
| SSgA S&P 500 Index Fund | 564,434 | * | 544,795 |
| SSgA S&P Mid Cap Index Fund | 73,034 | | 45,366 |
| SSgA Short Term Investment Fund | 60,788 | | 1,168,614 |
| SSgA Bond Market Index Fund | 168,094 | * | 247,918 |
| Delaware VIP Emerging Markets Fund | 79,724 | | 7,846 |
| Delaware VIP Diversified Income Fund | 32,324 | | 5,332 |
| Delaware VIP Capital Reserves Fund | - | | 1,336 |
| Goldman Sachs Mid Cap Value Fund | 23,853 | | 16,464 |
| Goldman Sachs Short- Duration Government Fund | - | | 24,575 |
| Goldman Sachs Small Cap Value Fund | 1,043 | | 699 |
| T. Rowe Price Growth Stock Fund | 78,221 | | 45,992 |
| RS Investment Quality Bond Fund | - | | 16,746 |
| AllianceBernstein International Value Fund | 5,344 | | 3,240 |
| Benefit Stadion Moderate ETF | 289,746 | * | - |
| Benefit Stadion Growth ETF | 427,281 | * | - |
| Delaware VIP Limited Term Div Income | 3,296 | | - |
| JP Morgan Mid Cap Growth Fund | 18,984 | | - |
| Janus Overseas Fund | 62,279 | | - |
| Pimco Short Term Fund | 10,623 | | - |
| Perkins MidCap Value Fund | 1,056 | | - |
| SSgA International Index SL Fund | 188,127 | * | - |
| SSgA Russell SC Index SL Fund | 136,798 | | - |
| T. Rowe Price Equity Income | 7,831 | | - |
| Franklin Growth Fund | 41,503 | | 29,938 |
| Total | $ 2,583,684 | | $ 2,789,806 |

* Represents assets greater than 5% of the net assets available for benefits

## 6. PLAN TERMINATION

Although it has not expressed any interest to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

## 7. TAX STATUS

The Internal Revenue Service has determined and informed the Company that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

## 8. RECONCILIATION OF FINANCIAL STATEMENT TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

| | |
|---|---|
| Net assets available for benefits per form 5500 | $ 2,768,314 |
| Other liabilities | 14,885 |
| Net assets available for benefits per the financial statements | $ 2,753,429 |

## 9. RISK AND UNCERTAINTIES

The Plan's investments are concentrated in mutual funds that invest in marketable equity securities. Such securities are subject to various risks that determine the value of the funds. Due to the level of risk associated with certain equity securities and the level of uncertainty related to changes in these securities, it is at least reasonably possible that changes in market conditions in the near term could materially affect participants' accounts balances and the value of investments reported in the financial statements.

## 10. RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by Guardian Insurance & Annuity Company. Guardian is the trustee of the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Guardian for investment management services amounted to $14,555 for the year ended December 31, 2009.

PLAN 6-01403 NYLSI Inc DBA SunriseToyotaScion 401(k) Plan

ANNUAL RETURN/REPORT OF EMPLOYEE BENEFITS PLANS

5500 PLAN PLAN YEAR 20090101 20091231

SCHEDULE H, LINE 4J SCHEDULE OF REPORTABLE TRANSACTIONS

NYLSI Inc DBA SunriseToyotaScion BEGINNING PLAN BALANCE $2,789,806.07 ALL TRANSACTIONS OVER $139,490.29

| DATE | (A) IDENTITY OF PARTY INVOLVED | (B) DESC OF ASSET | (C) PURCHASE PRICE | (D) SELLING PRICE | (G) COST OF ASSET | (H) VALUE OF ASSET | (I) NET GAIN/LOSS |
|---|---|---|---|---|---|---|---|
| 12/02/2009 | MISC Fund H2 | BUY | $9.76 | | $290,919.51 | $290,919.51 | |
| 12/02/2009 | MISC Fund H3 | BUY | $9.82 | | $422,888.48 | $422,888.48 | |
| 04/15/2009 | MISC Fund E1 | BUY | $6.58 | | $176,181.15 | $176,181.15 | |
| 05/19/2009 | MISC Fund E1 | SELL | | $7.18 | $171,120.00 | $186,650.80 | $15,530.80 |
| 01/07/2009 | MISC Fund 93 | BUY | $13.23 | | $194,903.99 | $194,903.99 | |
| 01/15/2009 | MISC Fund 93 | SELL | | $12.64 | $195,523.51 | $186,902.33 | $8,621.18- |
| 04/15/2009 | MISC Fund 68 | BUY | $8.91 | | $256,562.88 | $256,562.88 | |
| 05/19/2009 | MISC Fund 68 | BUY | $9.62 | | $176,353.17 | $176,353.17 | |
| 07/09/2009 | MISC Fund 68 | SELL | | $9.56 | $375,684.70 | $390,322.96 | $14,638.26 |
| 01/07/2009 | MISC Fund 88 | BUY | $9.42 | | $194,885.87 | $194,885.87 | |
| 01/13/2009 | MISC Fund 88 | SELL | | $9.08 | $194,986.03 | $187,925.74 | $7,060.29- |
| 01/07/2009 | MISC Fund 90 | SELL | | $11.28 | $561,606.45 | $564,603.81 | $2,997.36 |
| 01/13/2009 | MISC Fund 90 | BUY | $11.28 | | $251,827.55 | $251,827.55 | |
| 01/15/2009 | MISC Fund 90 | BUY | $11.28 | | $175,582.39 | $175,582.39 | |
| 04/15/2009 | MISC Fund 90 | SELL | | $11.27 | $731,302.76 | $732,562.05 | $1,259.29 |
| 07/07/2009 | MISC Fund 90 | BUY | $11.26 | | $290,191.39 | $290,191.39 | |
| 07/09/2009 | MISC Fund 90 | BUY | $11.26 | | $388,757.29 | $388,757.29 | |
| 07/28/2009 | MISC Fund 90 | SELL | | $11.26 | $323,267.02 | $323,163.25 | $103.77- |
| 10/05/2009 | MISC Fund 90 | BUY | $11.24 | | $348,734.09 | $348,734.09 | |
| 12/02/2009 | MISC Fund 90 | SELL | | $11.23 | $698,355.29 | $697,009.41 | $1,345.88- |
| 04/15/2009 | MISC Fund C2 | BUY | $8.94 | | $192,851.71 | $192,851.71 | |
| 07/07/2009 | MISC Fund C2 | SELL | | $9.35 | $283,741.56 | $289,277.82 | $5,536.26 |
| 07/28/2009 | MISC Fund C2 | BUY | $10.36 | | $312,689.17 | $312,689.17 | |
| 10/05/2009 | MISC Fund C2 | SELL | | $10.90 | $315,917.41 | $332,223.62 | $16,306.21 |

PLAN 6-01403 NYLSI Inc DBA SunriseToyotaScion 401(k) Plan

ANNUAL RETURN/REPORT OF EMPLOYEE BENEFITS PLANS

5500 PLAN PLAN YEAR 20090101 20091231

PLAN #: 001 11-3465696

PART IV SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

| (B) IDENTITY OF ISSUE | (C) DESCRIPTION OF INVESTMENT | (D) COST | (E) CURRENT VALUE |
|---|---|---|---|
| AllianceBernstein Int'l Value | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 7,040.16 | 5,344.23 |
| Am Cen Strat Alloc: Con Invstr | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 19,785.74 | 22,275.02 |
| Am Cen Strat Alloc: Agg Invstr | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 11,008.74 | 13,973.84 |
| Amer Cent Inflation Adj Bond | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 1,710.30 | 1,850.16 |
| American Century Equity Income | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 66.45 | 56.94 |
| American Century Real Estate | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 5,862.84 | 3,969.16 |
| Benefit Stadion Moderate ETF | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 291,673.62 | 289,746.22 |
| Benefit Stadion Growth ETF | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 425,661.67 | 427,280.42 |
| Davis NY Venture Fund | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 55,944.04 | 46,894.05 |
| Delaware VIP Diversified Inc | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 30,272.30 | 32,324.36 |
| Delaware VIP Emerging Markets | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 70,466.08 | 79,723.51 |
| Delaware VIP Lmtd-Term Div Inc | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 3,010.83 | 3,295.61 |
| Fidelity High Income Advantage | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 23,677.09 | 25,504.11 |
| Fidelity Small Cap Fund | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 19,920.52 | 23,601.53 |
| Fixed Rate Option | VALUE OF FUNDS HELD IN INSURANCE COMPANY GENERAL ACCOUNT | 116,223.49 | 130,470.49 |
| Franklin Growth Fund | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 37,902.80 | 41,502.46 |
| Goldman Sachs Mid Cap Value | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 23,173.21 | 23,853.36 |
| Goldman Sachs Small Cap Value | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 1,054.63 | 1,043.33 |
| JPMorgan Mid Cap Growth Fund | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 16,926.28 | 18,984.03 |
| JPMorgan Small Cap Equity Fund | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 5,496.65 | 4,875.41 |
| Janus Forty Fund | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 32,540.44 | 35,831.20 |
| Janus Overseas Fund | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 59,006.55 | 62,279.37 |
| PIMCO Short-Term Fund | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 10,622.37 | 10,623.08 |
| Perkins MidCap Value Fund | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 1,038.22 | 1,055.54 |
| SSgA Int'l Index SL Fund | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 191,021.69 | 188,126.45 |
| SSgA Russell SC Index SL Fund | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 130,067.21 | 136,798.39 |
| SSgA S&P 500 Index SL Fund | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 563,068.47 | 564,433.44 |
| SSgA S&P MC Index SL Fund | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 68,683.25 | 73,034.22 |
| SSgA Short Term Investmnt Fund | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 58,673.69 | 60,788.35 |
| SSgA U.S. Bond Index SL Fund | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 156,217.63 | 168,093.89 |
| T. Rowe Price Equity Income | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 6,886.56 | 7,830.87 |
| T. Rowe Price Growth Stock | VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS | 81,624.26 | 78,221.04 |