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
CASA NISSAN 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/01/1987

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
CASA NISSAN, INC.

5855 MONTANA AVE.
EL PASO, TX 79925

5855 MONTANA AVE.
EL PASO, TX 79925

2b Employer Identification Number (EIN)
74-2325378

2c Sponsor's telephone number
915-772-1488

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.	10/13/2010	NANCY BENTLEY
	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")

CASA NISSAN, INC.

5855 MONTANA AVE.
EL PASO, TX 79925

3b Administrator's EIN
74-2325378

3c Administrator's telephone number
915-772-1488

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**	116
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**	81
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	5
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	86
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
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**	58
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
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:
2E 2F 2G 2J 2K 2T 3D 3H

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)		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)		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)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
CASA NISSAN 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CASA NISSAN, INC.

D Employer Identification Number (EIN)
74-2325378

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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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	3492	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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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

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)

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
CASA NISSAN 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CASA NISSAN, INC.

D Employer Identification Number (EIN)
74-2325378

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)	128445	143578
(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)	26856	7983
(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)	885700	997317
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	1041001	1148878
	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	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1041001	1148878

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)	22347	
	(B) Participants	2a(1)(B)	94071	
	(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)		116418
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	659	
	(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)	1208	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1867
	(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)	29298	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		29298
	(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)		186442
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		334025
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	222656	
(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)		222656
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)	3492	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3492
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		226148
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		107877
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: MAURINE COX, P.C. (2) EIN: 74-2852645

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		125000
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		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

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
CASA NISSAN 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CASA NISSAN, INC.

D Employer Identification Number (EIN)
74-2325378

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): 04-6568107

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**

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? ..... ☐ **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):

CASA NISSAN INC 401(K) PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

December 31, 2009 and 2008

CASA NISSAN 401 (K) PROFIT-SHARING PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Casa Nissan 401(K) Profit-Sharing Plan

We were engaged to audit the financial statements of Casa Nissan Inc. 401(K) Plan (the Plan) as of December 31, 2009 and for the year ended December 31, 2008, and the supplemental schedules as of and for the year ended December 31, 2009 as listed in the accompanying index. These financial statements and schedules 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 schedules. We have been informed by the plan administrator that the trustee holds the Plan's investments assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Maurine Cox, P.C.

El Paso, Texas
August 24, 2010

CASA NISSAN INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
Investments	$ 1,140,895	$ 1,038,562
Receivables:		
Employer's contributions	0	5,111
Participants' contributions	0	10,222
	0	15,333
Participant loans	7,983	26,856
TOTAL ASSETS	1,148,878	1,080,751
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	$ 1,148,878	$ 1,080,751
Adjustment from fair value to contract value for fully benefit-responsive investment contract	147,352	412,039
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,296,230	$ 1,492,790

See accompanying notes

CASA NISSAN 401 (K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2009

	0122 LEVERAGED CO STK	0304 BALANCED	0305 INTL DISCOVERY	0315 SCIPLINI EQTY	0332 EXP & MULTINATL	0340 MALL CA STOCK	0369 FREEDOM INCOME	0370 FREEDOM 2000	0371 FREEDOM 2010	0372 FREEDOM 2020	0373 FREEDOM 2030	0399 SPARTAN INTL INDEX	0630 RETIRE MMKT	0650 SPARTAN US EQ INDEX
ADDITIONS														
Additions to net assets attributed to:														
Investment Income:														
Net appreciation in fair value of investments	$0	($0)	$0	$0	$0	$0	($2,996)	$0	($5)	($18,587)	($2,712)	$0	$0	$493
Interest													521	
Dividends	1	0	18	5	0	0	1,463	27	252	2,021	6,037	18	659	527
ADDITIONS	1	(0)	18	5	0	0	(1,533)	27	247	(16,566)	3,325	18	1,180	1,020
Contributions:														
Participants'	71	0	429	143	0	71	2,427	162	2,370	5,260	12,773	214	11,102	390
Employer's	20	0	118	39	0	20	611	44	635	1,201	3,483	59	(506)	97
CONTRIBUTIONS	91	0	546	182	0	91	3,038	206	3,005	6,461	16,256	273	10,596	487
TOTAL ADDITIONS	92	(0)	564	187	0	91	1,505	233	3,253	(10,105)	19,581	291	11,775	1,507
DEDUCTIONS														
Deductions from net assets attributed to:														
Benefits paid to participants							(5,730)			(32,734)	(11,218)		(14,384)	
Administration expenses							(325)		(45)	(220)	(400)		(315)	
TOTAL DEDUCTIONS	0	0	0	0	0	0	(6,055)	0	(45)	(32,954)	(11,618)	0	(14,699)	0
Net increase (decrease) prior to interfund transfe	92	(0)	564	187	0	91	(4,550)	233	3,208	(43,059)	7,963	291	(2,924)	1,507
Interfund transfers							(10,576)				(166)		18,056	(1,507)
NET INCREASE (DECREASE)	92	(0)	564	187	0	91	(15,126)	233	3,208	(43,059)	7,797	291	15,132	0
NET ASSETS AVAILABLE FOR BENEFITS														
Beginning of year	153	2	868	305	14	150	60,218	716	5,020	120,741	263,436	437	128,445	4
End of year	$245	$1	$1,432	$492	$14	$241	$45,092	$949	$8,227	$77,683	$271,233	$728	$143,578	$5

CASA NISSAN 401 (K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2009

	0708 L LARGE CAP VALUE	0718 FREEDOM 2040	0793 MID CAP GROWTH	0820 TOTAL BOND	1312 FREEDOM 2005	1313 FREEDOM 2015	1314 FREEDOM 2025	1315 FREEDOM 2035	1617 FREEDOM 2045	1618 FREEDOM 2050	LOAN	COMBINED
ADDITIONS												
Additions to net assets attributed to:												
Investment Income:												
Net appreciation in fair value of investments	($525)	($21,623)	$0	$29	$0	($797)	($66)	($53,959)	($1,799)	($114)		($102,663)
Interest		108						561			18	1,208
Dividends	27	1,624		34	27	8,870	5,373	2,410	388	174		29,957
ADDITIONS	(498)	(19,892)	0	63	27	8,073	5,307	(50,988)	(1,410)	60	18	(71,498)
Contributions:												
Participants'	169	11,652	0	377	162	8,922	15,508	18,229	6,942	3,238	(6,540)	94,071
Employer's	44	3,145	0	102	44	2,420	4,015	3,985	1,913	857		22,347
CONTRIBUTIONS	213	14,796	0	479	206	11,342	19,523	22,215	8,855	4,095	(6,540)	116,418
TOTAL ADDITIONS	(285)	(5,095)	0	542	233	19,415	24,831	(28,774)	7,445	4,155	(6,522)	44,920
DEDUCTIONS												
Deductions from net assets attributed to:												
Benefits paid to participants		(48,678)		(419)		(1,905)		(88,146)	(5,290)	(1,799)	(12,351)	(222,656)
Administration expenses	(10)	(630)				(235)	(225)	(680)	(224)	(185)		(3,492)
TOTAL DEDUCTIONS	(10)	(49,308)	0	(419)	0	(2,140)	(225)	(88,826)	(5,515)	(1,984)	(12,351)	(226,148)
Net increase (decrease) prior to interfund transfe	(295)	(54,403)	0	123	233	17,275	24,606	(117,599)	1,930	2,171	(18,873)	(181,228)
Interfund transfers	389	(3,536)				(137)		(317)	(2,206)			(0)
NET INCREASE (DECREASE)	94	(57,939)	0	123	233	17,138	24,606	(117,916)	(276)	2,171	(18,873)	(181,228)
NET ASSETS AVAILABLE FOR BENEFITS												
Beginning of year	149	123,342	9	375	714	314,454	190,759	221,464	15,935	2,891	26,856	1,477,458
End of year	$244	$65,403	$9	$498	$946	$331,592	$215,365	$103,548	$15,659	$5,063	$7,983	$1,296,230

CASA NISSAN INC. 401(K) PLAN4
NOTES TO FINANCIAL STATEMENTS

NOTE A --- DESCRIPTION OF PLAN

The following description of the Casa Nissan Inc. ("Company") 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

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

Plan Administration. The Plan is administered by the Company's Committee which is appointed by the Plan Administrator of the Company. Then Plan's trustee, Fidelity Management Trust Company (the "Trustee"), is responsible for the custody and management of the Plan's assets.

Contributions. Each year, participants may contribute up to $16,500 per calendar year. 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. The Plan currently offers an insurance investment contract

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

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

Participant Loans. Participants may borrow from their fund accounts of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Notes fund. Loan terms range from 1-5 years for qualifying emergencies. The loans are secured by the balance in the participants' accounts and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Interest rates range from 9 percent to 9.25 percent. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits. On termination of service due to death, disability or retirement, participant may receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. 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.

NOTE A --- DESCRIPTION OF PLAN (*Continued)*

Forfeited Accounts. At December 31, 2009 and 2008, forfeited non-vested accounts totaled $714 and $0, respectively. These accounts will be used to reduce future employer contributions.

NOTE B --- SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Basis of Accounting
As described in Financial Accounting Standards Board Staff Position, FSP AAG INV-1 and SOP 94-4-1*, Reporting of Fully Benefit-Responsive Investment Contracts Held by Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans* (the FSP), investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. As required by the FSP, the Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for benefits is prepared on a contract value basis.

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at net asset value of shares held by the Plan at year-end. Participant loans are valued at their outstanding balances, which approximated fair value. The fair value of the guaranteed investment contract is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations.

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

Payment of Benefits
Benefits are recorded when paid.

NOTE C --- INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets.

	2009
FID Freedom 2020 Fund, 5,362 shares	$ 77,683
FID Freedom 2030 Fund, 17,911 shares	271,233
Fidelity Retirement Market, 143,578 shares	143,578
FID Freedom 2040 Fund, 7,742 shares	65,403
FID Freedom 2015 Fund, 28,062 shares	331,592
FID Freedom 2025 Fund, 18,192 shares	215,365
FID Freedom 2035 Fund, 9,048 shares	103,548

During 2009, the Plan's investments (including gains and losses on investments bought and sold as well as held during the year) appreciated in value by $68,127.

NOTE D --- INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2006, the Plan entered into a benefit-responsive investment contract with Fidelity Investments Institutional Operations Company, Inc (Fidelity). Fidelity maintains the contributions in a general account.

Contract value, as reported to the Plan by Fidelity, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise.

NOTE E --- PLAN TERMINATION

Although it has not expressed any intent 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% vested in their accounts.

NOTE F --- RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 to Schedule H of Form 5500:

	2009	2008
Net assets available for benefits per the financial statements	$ 1,296,230	$ 1,492,790
Unrealized gain/ (loss)	(147,352)	(412,039)
Net assets available for benefits per Schedule H to the Form 5500	$ 1,148,878	$ 1,080,751

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2009 to Schedule H of Form 5500:

Benefits paid to participants per the financial statements	$ 222,656
Add: Amounts allocated to withdrawing participants at December 31, 2009	0
Less: Amounts allocated to withdrawing participants at December 31, 2008	0
Benefits paid to participants per Schedule H of Form 5500	$ 222,656

Amounts allocated to withdrawing participants are recorded on the Schedule H of Form 5500 for benefit claims that have been processed and approved for payment prior to December 31 but not yet paid as of that date.

NOTE G --- TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated June 17, 1995, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, 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. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE H --- RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risk such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities. It is at least reasonable possible that change in the values of investment securities will occur in the near term and that such change could materially affect participants' account balances and the amounts reported in the statement of net asset available for benefits.

SUPPLEMENTAL SCHEDULE

CASA NISSAN 401(K) PLAN
EIN: 74-2325378
Plan Number: 001
Schedule H, Line 4i---Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description maturity date, rate of interest, of investment including collateral, par, or maturity value	(d) Cost	(e) Current Value
	FID	Leveraged Co Stock (11 shares)	$ 245	$ 254
	FID	Balanced (0 shares)	2	1
	FID	International Discovery (48 shares)	1,432	1,447
	FID	Disciplined Equity (22 shares)	492	472
	FID	Exp & Multinatl (1 shares)	14	11
	FID	Small Cap Stock (18 shares)	241	286
	FID	Freedom Income (4,001 shares)	45,092	42,974
	FID	Freedom 2000 (81 shares)	949	919
	FID	Freedom 2010 (658 shares)	8,227	8,233
	FID	Freedom 2020 (5,362 shares)	77,683	67,297
	FID	Freedom 2030 (17,11 shares)	271,233	221,917
		Spartan International Index (22 shares)	728	724
		Fidelity Retire Market (143,578 shares)	143,578	143,578
		Spartan US Eq Index (0 shares)	4	3
	FID	Large Cap Value (23 shares)	244	227
	FID	Freedom 2040 (7,742 shares)	65,403	55,435
	FID	Mid Cap Growth (1 shares)	9	6
	FID	Total Bond (50 shares)	498	523
	FID	Freedom 2005 (90 shares)	946	900
	FID	Freedom 2015 (28,061 shares)	331,592	292,398
	FID	Freedom 2025 (18,192 shares)	215,365	189,017

These accompanying notes are an integral part of this schedule

CASA NISSAN 401(K) PLAN
EIN: 74-2325378
Plan Number: 001
Schedule H, Line 4i---Schedule of Assets (Held at End of Year)
December 31, 2009
(C*ontinued*)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	FID	Freedom 2035 (9,048 shares)	$ 103,548	$ 92,828
	FID	Freedom 2045 (1,863 shares)	15,659	15,776
	FID	Freedom 2050 (679) shares	5,063	5,669
	Participants	Outstanding Loan Balance		7,983
				$ 1,148,878

These accompanying notes are an integral part of this schedule

CASA NISSAN INC 401(K) PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

December 31, 2009 and 2008

CASA NISSAN 401 (K) PROFIT-SHARING PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Casa Nissan 401(K) Profit-Sharing Plan

We were engaged to audit the financial statements of Casa Nissan Inc. 401(K) Plan (the Plan) as of December 31, 2009 and for the year ended December 31, 2008, and the supplemental schedules as of and for the year ended December 31, 2009 as listed in the accompanying index. These financial statements and schedules 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 schedules. We have been informed by the plan administrator that the trustee holds the Plan's investments assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, 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 schedules taken as a whole. The form and content of the information included in the financial statements and schedules, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Maurine Cox, P.C.

El Paso, Texas
August 24, 2010

CASA NISSAN INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
Investments	$ 1,140,895	$ 1,038,562
Receivables:		
Employer's contributions	0	5,111
Participants' contributions	0	10,222
	0	15,333
Participant loans	7,983	26,856
TOTAL ASSETS	1,148,878	1,080,751
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	$ 1,148,878	$ 1,080,751
Adjustment from fair value to contract value for fully benefit-responsive investment contract	147,352	412,039
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,296,230	$ 1,492,790

See accompanying notes

CASA NISSAN 401 (K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2009

	0122 LEVERAGED CO STK	0304 BALANCED	0305 INTL DISCOVERY	0315 SCIPLINI EQTY	0332 EXP & MULTINATL	0340 MALL CA STOCK	0369 FREEDOM INCOME	0370 FREEDOM 2000	0371 FREEDOM 2010	0372 FREEDOM 2020	0373 FREEDOM 2030	0399 SPARTAN INTL INDEX	0630 RETIRE MMKT	0650 SPARTAN US EQ INDEX
ADDITIONS														
Additions to net assets attributed to:														
Investment Income:														
Net appreciation in fair value of investments	$0	($0)	$0	$0	$0	$0	($2,996)	$0	($5)	($18,587)	($2,712)	$0	$0	$493
Interest													521	
Dividends	1	0	18	5	0	0	1,463	27	252	2,021	6,037	18	659	527
ADDITIONS	1	(0)	18	5	0	0	(1,533)	27	247	(16,566)	3,325	18	1,180	1,020
Contributions:														
Participants'	71	0	429	143	0	71	2,427	162	2,370	5,260	12,773	214	11,102	390
Employer's	20	0	118	39	0	20	611	44	635	1,201	3,483	59	(506)	97
CONTRIBUTIONS	91	0	546	182	0	91	3,038	206	3,005	6,461	16,256	273	10,596	487
TOTAL ADDITIONS	92	(0)	564	187	0	91	1,505	233	3,253	(10,105)	19,581	291	11,775	1,507
DEDUCTIONS														
Deductions from net assets attributed to:														
Benefits paid to participants							(5,730)			(32,734)	(11,218)		(14,384)	
Administration expenses							(325)		(45)	(220)	(400)		(315)	
TOTAL DEDUCTIONS	0	0	0	0	0	0	(6,055)	0	(45)	(32,954)	(11,618)	0	(14,699)	0
Net increase (decrease) prior to interfund transfe	92	(0)	564	187	0	91	(4,550)	233	3,208	(43,059)	7,963	291	(2,924)	1,507
Interfund transfers							(10,576)				(166)		18,056	(1,507)
NET INCREASE (DECREASE)	92	(0)	564	187	0	91	(15,126)	233	3,208	(43,059)	7,797	291	15,132	0
NET ASSETS AVAILABLE FOR BENEFITS														
Beginning of year	153	2	868	305	14	150	60,218	716	5,020	120,741	263,436	437	128,445	4
End of year	$245	$1	$1,432	$492	$14	$241	$45,092	$949	$8,227	$77,683	$271,233	$728	$143,578	$5

CASA NISSAN 401 (K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2009

	0708 L LARGE CAP VALUE	0718 FREEDOM 2040	0793 MID CAP GROWTH	0820 TOTAL BOND	1312 FREEDOM 2005	1313 FREEDOM 2015	1314 FREEDOM 2025	1315 FREEDOM 2035	1617 FREEDOM 2045	1618 FREEDOM 2050	LOAN	COMBINED
ADDITIONS												
Additions to net assets attributed to:												
Investment Income:												
Net appreciation in fair value of investments	($525)	($21,623)	$0	$29	$0	($797)	($66)	($53,959)	($1,799)	($114)		($102,663)
Interest		108						561			18	1,208
Dividends	27	1,624		34	27	8,870	5,373	2,410	388	174		29,957
ADDITIONS	(498)	(19,892)	0	63	27	8,073	5,307	(50,988)	(1,410)	60	18	(71,498)
Contributions:												
Participants'	169	11,652	0	377	162	8,922	15,508	18,229	6,942	3,238	(6,540)	94,071
Employer's	44	3,145	0	102	44	2,420	4,015	3,985	1,913	857		22,347
CONTRIBUTIONS	213	14,796	0	479	206	11,342	19,523	22,215	8,855	4,095	(6,540)	116,418
TOTAL ADDITIONS	(285)	(5,095)	0	542	233	19,415	24,831	(28,774)	7,445	4,155	(6,522)	44,920
DEDUCTIONS												
Deductions from net assets attributed to:												
Benefits paid to participants		(48,678)		(419)		(1,905)		(88,146)	(5,290)	(1,799)	(12,351)	(222,656)
Administration expenses	(10)	(630)				(235)	(225)	(680)	(224)	(185)		(3,492)
TOTAL DEDUCTIONS	(10)	(49,308)	0	(419)	0	(2,140)	(225)	(88,826)	(5,515)	(1,984)	(12,351)	(226,148)
Net increase (decrease) prior to interfund transfe	(295)	(54,403)	0	123	233	17,275	24,606	(117,599)	1,930	2,171	(18,873)	(181,228)
Interfund transfers	389	(3,536)				(137)		(317)	(2,206)			(0)
NET INCREASE (DECREASE)	94	(57,939)	0	123	233	17,138	24,606	(117,916)	(276)	2,171	(18,873)	(181,228)
NET ASSETS AVAILABLE FOR BENEFITS												
Beginning of year	149	123,342	9	375	714	314,454	190,759	221,464	15,935	2,891	26,856	1,477,458
End of year	$244	$65,403	$9	$498	$946	$331,592	$215,365	$103,548	$15,659	$5,063	$7,983	$1,296,230

CASA NISSAN INC. 401(K) PLAN4
NOTES TO FINANCIAL STATEMENTS

NOTE A --- DESCRIPTION OF PLAN

The following description of the Casa Nissan Inc. ("Company") 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

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

Plan Administration. The Plan is administered by the Company's Committee which is appointed by the Plan Administrator of the Company. Then Plan's trustee, Fidelity Management Trust Company (the "Trustee"), is responsible for the custody and management of the Plan's assets.

Contributions. Each year, participants may contribute up to $16,500 per calendar year. 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. The Plan currently offers an insurance investment contract

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

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

Participant Loans. Participants may borrow from their fund accounts of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Participant Notes fund. Loan terms range from 1-5 years for qualifying emergencies. The loans are secured by the balance in the participants' accounts and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Interest rates range from 9 percent to 9.25 percent. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits. On termination of service due to death, disability or retirement, participant may receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. 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.

NOTE A --- DESCRIPTION OF PLAN (*Continued)*

Forfeited Accounts. At December 31, 2009 and 2008, forfeited non-vested accounts totaled $714 and $0, respectively. These accounts will be used to reduce future employer contributions.

NOTE B --- SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Basis of Accounting
As described in Financial Accounting Standards Board Staff Position, FSP AAG INV-1 and SOP 94-4-1*, Reporting of Fully Benefit-Responsive Investment Contracts Held by Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans* (the FSP), investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. As required by the FSP, the Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for benefits is prepared on a contract value basis.

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at net asset value of shares held by the Plan at year-end. Participant loans are valued at their outstanding balances, which approximated fair value. The fair value of the guaranteed investment contract is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations.

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

Payment of Benefits
Benefits are recorded when paid.

NOTE C --- INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets.

	2009
FID Freedom 2020 Fund, 5,362 shares	$ 77,683
FID Freedom 2030 Fund, 17,911 shares	271,233
Fidelity Retirement Market, 143,578 shares	143,578
FID Freedom 2040 Fund, 7,742 shares	65,403
FID Freedom 2015 Fund, 28,062 shares	331,592
FID Freedom 2025 Fund, 18,192 shares	215,365
FID Freedom 2035 Fund, 9,048 shares	103,548

During 2009, the Plan's investments (including gains and losses on investments bought and sold as well as held during the year) appreciated in value by $68,127.

NOTE D --- INVESTMENT CONTRACT WITH INSURANCE COMPANY

In 2006, the Plan entered into a benefit-responsive investment contract with Fidelity Investments Institutional Operations Company, Inc (Fidelity). Fidelity maintains the contributions in a general account.

Contract value, as reported to the Plan by Fidelity, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investments at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise.

NOTE E --- PLAN TERMINATION

Although it has not expressed any intent 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% vested in their accounts.

NOTE F --- RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2009 to Schedule H of Form 5500:

	2009	2008
Net assets available for benefits per the financial statements	$ 1,296,230	$ 1,492,790
Unrealized gain/ (loss)	(147,352)	(412,039)
Net assets available for benefits per Schedule H to the Form 5500	$ 1,148,878	$ 1,080,751

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2009 to Schedule H of Form 5500:

Benefits paid to participants per the financial statements	$ 222,656
Add: Amounts allocated to withdrawing participants at December 31, 2009	0
Less: Amounts allocated to withdrawing participants at December 31, 2008	0
Benefits paid to participants per Schedule H of Form 5500	$ 222,656

Amounts allocated to withdrawing participants are recorded on the Schedule H of Form 5500 for benefit claims that have been processed and approved for payment prior to December 31 but not yet paid as of that date.

NOTE G --- TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated June 17, 1995, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, 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. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE H --- RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risk such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities. It is at least reasonable possible that change in the values of investment securities will occur in the near term and that such change could materially affect participants' account balances and the amounts reported in the statement of net asset available for benefits.

SUPPLEMENTAL SCHEDULE

CASA NISSAN 401(K) PLAN
EIN: 74-2325378
Plan Number: 001
Schedule H, Line 4i---Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description maturity date, rate of interest, of investment including collateral, par, or maturity value	(d) Cost	(e) Current Value
	FID	Leveraged Co Stock (11 shares)	$ 245	$ 254
	FID	Balanced (0 shares)	2	1
	FID	International Discovery (48 shares)	1,432	1,447
	FID	Disciplined Equity (22 shares)	492	472
	FID	Exp & Multinatl (1 shares)	14	11
	FID	Small Cap Stock (18 shares)	241	286
	FID	Freedom Income (4,001 shares)	45,092	42,974
	FID	Freedom 2000 (81 shares)	949	919
	FID	Freedom 2010 (658 shares)	8,227	8,233
	FID	Freedom 2020 (5,362 shares)	77,683	67,297
	FID	Freedom 2030 (17,11 shares)	271,233	221,917
		Spartan International Index (22 shares)	728	724
		Fidelity Retire Market (143,578 shares)	143,578	143,578
		Spartan US Eq Index (0 shares)	4	3
	FID	Large Cap Value (23 shares)	244	227
	FID	Freedom 2040 (7,742 shares)	65,403	55,435
	FID	Mid Cap Growth (1 shares)	9	6
	FID	Total Bond (50 shares)	498	523
	FID	Freedom 2005 (90 shares)	946	900
	FID	Freedom 2015 (28,061 shares)	331,592	292,398
	FID	Freedom 2025 (18,192 shares)	215,365	189,017

These accompanying notes are an integral part of this schedule

CASA NISSAN 401(K) PLAN
EIN: 74-2325378
Plan Number: 001
Schedule H, Line 4i---Schedule of Assets (Held at End of Year)
December 31, 2009
(C*ontinued*)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
	FID	Freedom 2035 (9,048 shares)	$ 103,548	$ 92,828
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	FID	Freedom 2050 (679) shares	5,063	5,669
	Participants	Outstanding Loan Balance		7,983
				$ 1,148,878

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