#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**HERE** 

Signature of DFE

### 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

2010

This Form is Open to Public

					Inspection	15110				
Part I	Annual Report Identi									
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010										
A This	return/report is for:	a multiemployer plan;	a multiple	e-employer plan; or						
		X a single-employer plan;	a DFE (s	pecify)						
<b>B</b> This	return/report is:	the first return/report;	the final	return/report;						
	·	an amended return/report;	a short p	lan year return/report (less th	an 12 months).					
<b>C</b> If the	plan is a collectively-bargained	plan, check here	<b>_</b>							
	k box if filing under:	Form 5558;	_	c extension;	the DFVC program;					
<b>D</b> Chec	k box ii illing under:			c extension,	Inc bi vo program,					
		special extension (enter des	· /							
Part		ation—enter all requested informa	ation		46	l				
	ne of plan	RP) PROFIT SHARING RETIREMI	ENT DLAN		<b>1b</b> Three-digit plan number (PN) ▶	001				
WICKING	BET AND COMPANT, INC. (PSI	RF) FROFIT SHARING RETIREM	ENI PLAN		1c Effective date of pla	an				
					07/01/1956					
		employer, if for a single-employer p	plan)		2b Employer Identifica	ition				
	ress should include room or sui	te no.)			Number (EIN)					
MCKINS	SEY AND COMPANY, INC.				13-1826332					
					<b>2c</b> Sponsor's telephone number					
55 EACT	FOND CIDEFT OCTUFUD	55 5407	TONIS OTSETT COT		212-415-1601					
	F 52ND STREET 26TH FLR DRK, NY 10055		52ND STREET 26TH RK, NY 10055	1 FLK	2d Business code (see	е				
			•		instructions)					
					541600					
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 Filed with authorized/valid electronic signature. 10/13/2011 JAMES E. FARRELL, JR. HERE										
HERE	Signature of plan administra	ator	Date	Enter name of individual signing as plan administrator						
SIGN HERE	Filed with authorized/valid elect	tronic signature.	10/13/2011	STEPHEN PICCININNI						
TILIXE	Signature of employer/plan	sponsor	Date	Enter name of individual signing as employer or plan sponsor						
SIGN	1		1							

Date

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

Form 5500 (2010) v.092307.1

Enter name of individual signing as DFE

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	Plan administrator's name and address (if same as plan sponsor, enter "San KINSEY AND COMPANY, INC.	ne")		lministrator's EIN 1826332			
	EAST 52ND STREET 26TH FLR W YORK, NY 10055	nu	ministrator's telephone imber 2-415-1601				
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for this plan, enter the name, EIN	and	4b EIN			
а	Sponsor's name			4c PN			
5	Total number of participants at the beginning of the plan year		5	18066			
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines <b>6a, 6b, 6c,</b> and <b>6d</b> ).		1			
а	Active participants		6a	7683			
b	Retired or separated participants receiving benefits		6b	109			
С	Other retired or separated participants entitled to future benefits		6c	9986			
d	Subtotal. Add lines 6a, 6b, and 6c		6d	17778			
е	Deceased participants whose beneficiaries are receiving or are entitled to re	ceive benefits	6e	49			
f	Total. Add lines <b>6d</b> and <b>6e</b>		. 6f	17827			
g	Number of participants with account balances as of the end of the plan year complete this item)	•	. 6g	17602			
h	Number of participants that terminated employment during the plan year with 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				
	If the plan provides pension benefits, enter the applicable pension feature con the plan provides welfare benefits, enter the applicable welfare feature code to the plan provides welfare benefits, enter the applicable welfare feature code to the plan provides welfare benefits, enter the applicable welfare feature code to the plan provides welfare benefits, enter the applicable welfare feature code to the plan provides welfare benefits, enter the applicable welfare feature code to the plan provides welfare benefits, enter the applicable welfare feature code to the plan provides welfare benefits, enter the applicable welfare feature code to the plan provides welfare benefits, enter the applicable welfare feature code to the plan provides welfare benefits, enter the applicable welfare feature code to the plan provides welfare benefits, enter the applicable welfare feature code to the plan provides welfare benefits, enter the applicable welfare feature code to the plan provides welfare benefits and the plan provides welf						
9a	A Plan funding arrangement (check all that apply)  (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) 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) Trust (4) General assets of the sponsor						
10 a	Check all applicable boxes in 10a and 10b to indicate which schedules are a  Pension Schedules  (1) R (Retirement Plan Information)  (2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) H (Financial Inform (2) I (Financial Inform (3) A (Insurance Inform (4) C (Service Provide (5) D (DFE/Participati (6) G (Financial Trans	nation) nation – mation) er Inform ng Plan	Small Plan) nation) Information)			

## SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation **Service Provider Information** 

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010	and ending 12/31/2010
A Name of plan MCKINSEY AND COMPANY, INC. (PSRP) PROFIT SHARING RETIREMENT PLAN	B Three-digit plan number (PN)
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
MCKINSEY AND COMPANY, INC.	13-1826332
Part I Service Provider Information (see instructions)	
You must complete this Part, in accordance with the instructions, to report the information or more in total compensation (i.e., money or anything else of monetary value) in connect plan during the plan year. If a person received <b>only</b> eligible indirect compensation for whanswer line 1 but are not required to include that person when completing the remainder of	ion with services rendered to the plan or the person's position with the ich the plan received the required disclosures, you are required to
1 Information on Persons Receiving Only Eligible Indirect Compens	ation
a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder or	
indirect compensation for which the plan received the required disclosures (see instruction	ns for definitions and conditions)
b If you answered line 1a "Yes," enter the name and EIN or address of each person providing received only eligible indirect compensation. Complete as many entries as needed (see in the indirect compensation).	
(b) Enter name and EIN or address of person who provided you	disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you	disclosure on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you	disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you of	disclosures on eligible indirect compensation

	Schedule C (Form 5500) 2010	Page <b>2-</b>	
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
1	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	irect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	irect compensation

answered	d "yes" to line 1a above	e, complete as many e	entries as needed to list ea	or Indirect Compensation chiperson receiving, directly or the plan or their position with the	indirectly, \$5,000 or more in t	otal compensation
			(a) Enter name and EIN or	address (see instructions)		
AON CON	ISULTING INC.		ONE PIEI	DMONT CENTER A, GA 30305		
22-223226	64					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	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?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
13	NONE	945248	Yes No X	Yes No X	0	Yes No No
		(	(a) Enter name and EIN or	address (see instructions)	1	
PRICEWA	TERHOUSECOOPER	S PA		DISON AVE. DRK, NY 10017		
13-400832	1	I				
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	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?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
10	NONE	105027	Yes No No	Yes No 🖺	0	Yes No No
ı			(a) Enter name and EIN or	address (see instructions)		
CONSULT	TING FIDUCIARIES IN	C.	SUITE 2	DKIE BLVD 60 BROOK, IL 60062		
36-708462	26					
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(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	
16	NONE	57484	Yes No X	Yes No X	0	Yes No X

person known to be a party-in-interest party-in-							
COLD SPRING, NY 10516   COLD			(	a) Enter name and EIN or	address (see instructions)		
Code(s)   Relationship to ender -0 -   Code(s)   Code(	FOLEY/MY	ERS COMMUNICATION	ONS, INC.	22 FISHK COLD SF	KILL ROAD PRING, NY 10516		
Service Code(s) enginization, or person known to be a party-in-miterest Code(s). The person known to be a party-in-miterest Code(s) enginization, or person known to be a party-in-miterest Code(s). The person known to be a part	56-2338129	9					
(a) Enter name and EIN or address (see instructions)    Yes	Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan	Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	Did the service provider give you a formula instead of an amount or
MCKINSEY & COMPANY, INC.   SeAST 52ND STREET NEW YORK, NY 10055	99	NONE	55404	Yes No 🖺	Yes 📗 No 🖺	0	Yes No 🖺
MCKINSEY & COMPANY, INC.   SeAST 52ND STREET NEW YORK, NY 10055			(	a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s) Relationship to employer, employee or person known to be a party-in-interest RDA (c) Service Code(s) (a) Enter direct compensation paid or person known to be a party-in-interest RDA (c) Service Code(s) (a) Enter direct compensation paid or person known to be a party-in-interest RDA (c) Relationship to employer, employee organization, or person known to be a party-in-interest RDA (c) Relationship to employer, employee organization, or person known to be a party-in-interest RDA (c) Relationship to employer, employee organization, or person known to be a party-in-interest RDA (c) Relationship to employer, employee organization, or person known to be a party-in-interest RDA (c) Relationship to employer, employee organization, or person known to be a party-in-interest RDA (c) Relationship to employer, employee organization, or person known to be a party-in-interest RDA (c) Relationship to employer, employee organization, or person known to be a party-in-interest RDA (c) Relationship to employer, employee organization, or person known to be a party-in-interest RDA (c) Relationship to employer, employee organization, or person known to be a party-in-interest RDA (c) Relationship to employer, employee organization, or person known to be a party-in-interest RDA (c) RDA (c) RELATION (c) RDA (c) RELATION (c) RDA (c) RELATION (c) RDA (c	MCKINSEY	/ & COMPANY, INC.	<u> </u>				
Service Code(s)  Relationship to employer, employee organization, or person known to be a party-in-interest  (a) Enter name and EIN or address (see instructions)  (b) Enter name and EIN or address (see instructions)  (c) Service Rose LLP  (d) Enter name and EIN or address (see instructions)  (e) Did indirect compensation include eligible indirect compensation for which the plan received the required disclosures?  (a) Enter name and EIN or address (see instructions)  (b) Enter name and EIN or address (see instructions)  (c) Service Provider receive indirect compensation, for which the plan received the required disclosures?  (a) Enter name and EIN or address (see instructions)  (b) Code(s)  Relationship to employee, employee organization, or person known to be a party-in-interest  (c) Enter direct compensation include eligible indirect compensation for which the plan received the required disclosures?  (d) Enter name and EIN or address (see instructions)  (e) Did indirect compensation include eligible indirect compensation received by service provider excluding eligible indirect compensation include eligible indirect compensation received by service provider excluding eligible indirect compensation received by service provider excluding eligible indirect compensation for which the plan received the required disclosures?  (d) Enter total indirect compensation include eligible indirect compensation include eligible indirect compensation include eligible indirect compensation for which the plan received the required disclosures?  (e) Did indirect compensation include eligible indirect compensation for which the plan received the required disclosures?  (f) If none, enter	13-1826332	2					
(a) Enter name and EIN or address (see instructions)  PROSKAUER ROSE LLP  1585 BROADWAY NEW YORK, NY 10036-8299  13-1840454  (b) (c) Relationship to employer, employee organization, or person known to be a party-in-interest enter -0  (d) (e) Did service provider receive indirect compensation paid by the plan. If none, enter -0  Did indirect compensation include eligible indirect compensation received by service provider excluding eligible indirect compensation for which the plan received the required disclosures?  NONE  Yes No	Service	Relationship to employer, employee organization, or person known to be	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan	Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element	Did the service provider give you a formula instead of
Table 1585 BROADWAY NEW YORK, NY 10036-8299  13-1840454  (b) Service Code(s) Relationship to employer, employee organization, or person known to be a party-in-interest enter -0  (c) Relationship to employer, employee organization, or person known to be a party-in-interest enter -0  (d) Enter direct compensation paid by the plan. If none, enter -0  Did service provider receive indirect compensation, for which the plan received the required disclosures?  (f) Did indirect compensation include eligible indirect compensation for which the plan received the required disclosures?  (f) If none, enter -0	15 35 50		0	Yes No 🖺	Yes 🖺 No 🗌	51464	Yes No 🖺
(b) Service Code(s) Relationship to employer, employer, employer, employer, enter -0  (b) Relationship to employer, employer organization, or person known to be a party-in-interest Party-in-			(	a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s) Relationship to employer, employee organization, or person known to be a party-in-interest  (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, for which the plan received the required disclosures?  (f) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0							
Service Code(s)  Relationship to employer, employee organization, or person known to be a party-in-interest  NONE  Relationship to employer, employee organization, or person known to be a party-in-interest  Relationship to employer, employee organization, or person known to be a party-in-interest  Enter direct compensation include eligible indirect compensation, for which the plan received the required disclosures?  Did the service provider compensation include eligible indirect compensation, for which the plan received the required disclosures?  NONE  NONE  Did indirect compensation include eligible indirect compensation for which the plan received the required disclosures?  Did the service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	13-1840454						
	Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none, enter -0	Did service provider receive indirect compensation? (sources other than plan or plan	Did indirect compensation include eligible indirect compensation, for which the plan received the required	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or
	29	NONE	48772	Yes No 🖺	Yes No 🖺	0	Yes No 🖺

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Schedule C (Form 5500) 2010

:	Schedule C (Form 550	00) 2010		Page <b>4-</b> ₽		
		(	<ul><li>a) Enter name and EIN or</li></ul>	address (see instructions)		
SIDLEY AU	ISTIN LLP			ENTH AVENUE RK, NY 10019		
36-2158694	1					
(b) Service Code(s)	Relationship to employer, employer 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?	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?

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

Yes No X

47117

**DELOITTE & TOUCHE LLP** 

100 KIMBALL DRIVE PARSIPPANY, NJ 07054-0319

Yes No X

Yes No X

#### 13-3891517

(b)	(c)	(d)	(e)	(f)	(g)	(h)		
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you	Did the service provider give you a formula instead of an amount or		
					answered "Yes" to element (f). If none, enter -0			
16	NONE	44844	Yes No 🖺	Yes No 🖺	0	Yes No 🖺		
i e								

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

MAYER HOFFMAN MCCANN P.C.

1065 AVENUE OF THE AMERICAS NEW YORK, NY 10018

#### 43-1947695

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	Enter direct compensation paid by the plan. If none,	Did service provider	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by	Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	25962	Yes No No	Yes No 🖺	(f). If none, enter -0	Yes No No

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		(3	a) Enter name and EIN or	address (see instructions)		
WELLS FAI	RGO BANK, N.A.		NW 5159	DPERATIONS P.O. BOX 2560 POLIS, MI 55485-5159		
94-1347393	3					
(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?	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?
21	NONE	24405	Yes No 🖺	Yes No 🖺	0	Yes No X
		(2	a) Enter name and EIN or	address (see instructions)		
WACHOVIA 56-1354495			FEE GRO PO BOX CHARLO			
	T	(4)	(0)	(6)	(a)	/b)
(b) Service Code(s)	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?	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?
21	NONE	14484	Yes No 🖺	Yes No 🛚		Yes No 🖺
		(3	a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	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?	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 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 compen or provides contract administrator, consulting, custodial, investment advisory, investment may questions for (a) each source from whom the service provider received \$1,000 or more in increase provider gave you a formula used to determine the indirect compensation instead of an amomany entries as needed to report the required information for each source.	anagement, broker, or recordkeepindirect compensation and (b) each so	g services, answer the following burce for whom the service
(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	formula used to determine	compensation, including any the service provider's eligibility 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	formula used to determine	compensation, including any the service provider's eligibility 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	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.

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Schedule C (Form 5500) 2010

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Pa	rt II Service Providers Who Fail or Refuse to Provide Information					
4	ovide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete is Schedule.					
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide			
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide			
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide			
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide			
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide			
	(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide			

Schedule C (Form 5500) 2010	

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Pa	art III	Termination Information on Accountants and Enrolled A (complete as many entries as needed)	Actuaries (see instructions)
а	Name:	·	<b>b</b> EIN:
С	Positio	n:	
d	Addres	s:	e Telephone:
Ex	planatior		
a	Name:		<b>b</b> EIN:
C	Positio	n:	D LIN.
d	Addres		e Telephone:
-	7.00.00	-	Total state of the
Ex	planatior		
_^	,		
а	Name:		b EIN:
С	Positio	n:	
d	Addres		e Telephone:
			·
Ex	planatior	:	
а	Name:		<b>b</b> EIN;
С	Positio	n:	
d	Addres	s:	<b>e</b> Telephone:
Ex	planatior	:	
			1.
<u>a</u>	Name:		<b>b</b> EIN;
<u>c</u>	Positio		
d	Addres	S:	e Telephone:
	nlonatic:		
ΕX	planatior		

## **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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal p	olan year beginning	01/01	/2010 and	d end	ing 12/31/2010
A Name of plan MCKINSEY AND COMPANY, INC. (PS	GRP) PROFIT SHARIN	IG RET	IREMENT PLAN	В	Three-digit 001 plan number (PN)
C Plan or DFE sponsor's name as she MCKINSEY AND COMPANY, INC.	own on line 2a of Form	n 5500		D	Employer Identification Number (EIN) 13-1826332
			SAs, and 103-12 IEs (to be con port all interests in DFEs)	mple	eted by plans and DFEs)
a Name of MTIA, CCT, PSA, or 103-			,		
<b>b</b> Name of sponsor of entity listed in	(a): MCKINSEY &	COMPA	ANY INC.		
<b>C</b> EIN-PN 13-1826332-017	<b>d</b> Entity M code		Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		or 3106408413
a Name of MTIA, CCT, PSA, or 103-	12 IE:				
<b>b</b> Name of sponsor of entity listed in	(a):				
C EIN-PN	<b>d</b> Entity code		Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		or
a Name of MTIA, CCT, PSA, or 103-	12 IE:				
<b>b</b> Name of sponsor of entity listed in	(a):				
C EIN-PN	<b>d</b> Entity code		Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruction	,	or
a Name of MTIA, CCT, PSA, or 103-	12 IE:				
<b>b</b> Name of sponsor of entity listed in	(a):				
C EIN-PN	<b>d</b> Entity code		Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		or
a Name of MTIA, CCT, PSA, or 103-	12 IE:				
<b>b</b> Name of sponsor of entity listed in	(a):				
C EIN-PN	<b>d</b> Entity code		Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruction		or
a Name of MTIA, CCT, PSA, or 103-	12 IE:				
<b>b</b> Name of sponsor of entity listed in	(a):				
C EIN-PN	<b>d</b> Entity code		Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		or
a Name of MTIA, CCT, PSA, or 103-	12 IE:				
<b>b</b> Name of sponsor of entity listed in	(a):				
C EIN-PN	<b>d</b> Entity	<b>e</b> [	Dollar value of interest in MTIA, CCT,	PSA,	or

103-12 IE at end of year (see instructions)

Schedule D (Form 5500) 20	010	Page <b>2-</b>
a Name of MTIA, CCT, PSA, or 103-	-12 IE:	
<b>b</b> Name of sponsor of entity listed in	(a):	
C EIN-PN	<b>d</b> Entity code	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>b</b> Name of sponsor of entity listed in	(a):	
C EIN-PN	<b>d</b> Entity code	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>b</b> Name of sponsor of entity listed in	(a):	
C EIN-PN	<b>d</b> Entity code	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>b</b> Name of sponsor of entity listed in	(a):	
C EIN-PN	<b>d</b> Entity code	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>b</b> Name of sponsor of entity listed in	(a):	
C EIN-PN	<b>d</b> Entity code	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>b</b> Name of sponsor of entity listed in	(a):	
C EIN-PN	<b>d</b> Entity code	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>b</b> Name of sponsor of entity listed in	(a):	
C EIN-PN	<b>d</b> Entity code	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>b</b> Name of sponsor of entity listed in	(a):	
C EIN-PN	<b>d</b> Entity code	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>b</b> Name of sponsor of entity listed in	(a):	
C EIN-PN	<b>d</b> Entity code	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>b</b> Name of sponsor of entity listed in	(a):	
C EIN-PN	<b>d</b> Entity code	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

3-	
	3-

Р	art II	Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)		
а	Plan nan			
b	Name of plan spo		С	EIN-PN
а	Plan nan	ne		
b	Name of plan spo		С	EIN-PN
а	Plan nar	ne		
b	Name of plan spo		С	EIN-PN
а	Plan nan	ne		
b 	Name of plan spo		С	EIN-PN
а	Plan nar	ne		
b 	Name of plan spo		С	EIN-PN
	Plan nar			
b 	Name of plan spo		С	EIN-PN
а	Plan nar	ne		
b 	Name of plan spo		С	EIN-PN
а	Plan nar	ne		
b 	Name of plan spo		С	EIN-PN
а	Plan nar	ne		
b	Name of plan spo		С	EIN-PN
а	Plan nan	ne		
b 	Name of plan spo		С	EIN-PN
а	Plan nan	ne		
b	Name of plan spo		С	EIN-PN
а	Plan nan	ne		
b	Name of plan spo		С	EIN-PN

### SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010		and ending 12/31/2010	·
A Name of plan MCKINSEY AND COMPANY, INC. (PSRP) PROFIT SHARING RETIREME	NIT DLANI	<b>B</b> Three-digit	
WICKINGET AND COMPANT, INC. (PSKP) PROFIT SHAKING RETIREME	INT PLAIN	plan number (P	N) • 001
C Plan sponsor's name as shown on line 2a of Form 5500		<b>D</b> Employer Identifi	cation Number (EIN)
MCKINSEY AND COMPANY, INC.		42 4026222	
		13-1826332	
Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of t the value of the plan's interest in a commingled fund containing the ass lines 1c(9) through 1c(14). Do not enter the value of that portion of an ir benefit at a future date. Round off amounts to the nearest dollar. M' and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and	ets of more than one p isurance contract whic TAs, CCTs, PSAs, and	olan on a line-by-line basis unles ch guarantees, during this plan y	ss the value is reportable on year, to pay a specific dollar
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	833424	2561951
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
C General investments:     (1) Interest-bearing cash (include money market accounts & certificat of deposit)		0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	7719815	7451396
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	2941833501	3106408413
(12) Value of interest in 103-12 investment entities	1c(12)	0	0

1c(13)

1c(14)

1c(15)

(13) Value of interest in registered investment companies (e.g., mutual

funds)......(14) Value of funds held in insurance company general account (unallocated

contracts).....

(15) Other.....

0

0

0

0

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
е	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	2950386740	3116421760
	Liabilities			
g	Benefit claims payable	1g	7232	0
h	Operating payables	1h	116848	220073
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	124080	220073
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	2950262660	3116201687

### 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)	55283238	
(B) Participants	2a(1)(B)	43296194	
(C) Others (including rollovers)	2a(1)(C)	10030129	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		108609561
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	327016	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		327016
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

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			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		198450580
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(	10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
С	Other income	2c		0
d	Total income. Add all <b>income</b> amounts in column (b) and enter total	2d		307387157
	Expenses			
е	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	140026120	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		140026120
_	Corrective distributions (see instructions)	2f		0
	Certain deemed distributions of participant loans (see instructions)	2g		0
	Interest expense	2h		0
	Administrative expenses: (1) Professional fees	2i(1)	329206	
	(2) Contract administrator fees	2i(2)	945248	
	(3) Investment advisory and management fees	2i(3)	0	
	(4) Other	2i(4)	147556	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1422010
_	Total expenses. Add all <b>expense</b> amounts in column (b) and enter total	2j		141448130
,	Net Income and Reconciliation	, ,		
l,	Net income (loss). Subtract line 2j from line 2d	2k		165939027
_	•			
	Transfers of assets:	21(1)		0
	(1) To this plan	21(1)		0
	(2) From this plan	ZI(Z)		
Pa	rt III Accountant's Opinion			
	Complete lines 3a through 3c if the opinion of an independent qualified public a attached.	ccountant is	attached to this Form 5500. Comp	plete line 3d if an opinion is not
а т	he attached opinion of an independent qualified public accountant for this plan	is (see instr	ructions):	
	(1) Unqualified (2) Qualified (3) Disclaimer (4)	Adverse		
<b>b</b> D	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-	-8 and/or 103	3-12(d)?	Yes X No
CE	inter the name and EIN of the accountant (or accounting firm) below:			
	(1) Name: PRICEWATERHOUSECOOPERS LLP		(2) EIN: 13-4008324	
<b>d</b> T	he opinion of an independent qualified public accountant is <b>not attached</b> beca			
	(1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attact	ned to the ne	ext Form 5500 pursuant to 29 CFR	₹ 2520.104-50.

Schedule H (Form 5500) 2010

Pa	rt IV	Compliance Questions					
4		and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 2 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g,	4h, 4k, 4	m, 4n, or	5.	
	During	the plan year:		Yes	No	Amo	ount
а	period	here a failure to transmit to the plan any participant contributions within the time I described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures ully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		0
b	close secure	any loans by the plan or fixed income obligations due the plan in default as of the of the plan year or classified during the year as uncollectible? Disregard participant loans ed by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is ed.)	4b		X		0
С	Were	any leases to which the plan was a party in default or classified during the year as ectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		0
d	report	there any nonexempt transactions with any party-in-interest? (Do not include transactions ed on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is ed.)	4d		X		0
е	Was t	his plan covered by a fidelity bond?	4e	X			10000000
f	Did th	e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused ud or dishonesty?	4e		X		0
~	-	e plan hold any assets whose current value was neither readily determinable on an	41				0
g		ished market nor set by an independent third party appraiser?	4g		X		0
h		e plan receive any noncash contributions whose value was neither readily ninable on an established market nor set by an independent third party appraiser?	4h		X		0
i		e plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, ee instructions for format requirements.)	4i	Х			
j	value	any plan transactions or series of transactions in excess of 5% of the current of plan assets? (Attach schedule of transactions if "Yes" is checked, and structions for format requirements.)	4j		X		
k		all the plan assets either distributed to participants or beneficiaries, transferred to another or brought under the control of the PBGC?	4k		X		
ı	Has th	ne plan failed to provide any benefit when due under the plan?	41		X		0
m		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	4m		X		
n		was answered "Yes," check the "Yes" box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X		
5a		resolution to terminate the plan been adopted during the plan year or any prior plan year? enter the amount of any plan assets that reverted to the employer this year	Yes	X No	Amou	nt:	0
5b		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s) erred. (See instructions.)	, ident	fy the pla	an(s) to wh	nich assets or liab	ilities were
	5b(1)	Name of plan(s)			<b>5b(2)</b> EIN	l(s)	<b>5b(3)</b> 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

2010

This Form is Open to Public Inspection.

	· · · · · · · · · · · · · · · · · · ·				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and e	ending 12	2/31/2010		
	Name of plan SINSEY AND COMPANY, INC. (PSRP) PROFIT SHARING RETIREMENT PLAN	B Three-	•		
IVICK	INSET AND COMPANT, INC. (PSRP) PROFIT SHARING RETIREMENT PLAN		number	001	
		(PN)	<u> </u>		
		_			
	Plan sponsor's name as shown on line 2a of Form 5500 CINSEY AND COMPANY, INC.	<b>D</b> Emplo	yer Identifi	cation Number (E	EIN)
IVICK	SINSET AND COMPANT, INC.	13-1	826332		
	art I Distributions				
Allı	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 dur payors who paid the greatest dollar amounts of benefits):	ing the year (	if more tha	an two, enter EIN	s of the two
	EIN(s): 94-1347393				
	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		_		606
_	year		3		606
Pa	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of ERISA section 302, skip this Part)	of section of 4	12 of the I	Internal Revenue	Code or
4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?		Yes	s 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				
		th	_ Day	Year	
	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the re	mainder of the	nis sched	ule.	
6	<b>a</b> Enter the minimum required contribution for this plan year		6a		
	<b>b</b> Enter the amount contributed by the employer to the plan for this plan year	<del>                                     </del>	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.	<u>L</u>	ı		
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7			□ v <sub>-</sub> -	. 🗆 🗆	
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?		Yes	s No	□ N/A
7 8	Will the minimum funding amount reported on line 6c be met by the funding deadline?		Yes	s No	□ N/A
	Will the minimum funding amount reported on line 6c be met by the funding deadline?	viding agree			
	Will the minimum funding amount reported on line 6c be met by the funding deadline?	viding agree	Yes		□ N/A
8	Will the minimum funding amount reported on line 6c be met by the funding deadline?	viding agree			
8	Will the minimum funding amount reported on line 6c be met by the funding deadline?	viding agree			
8 Pa	Will the minimum funding amount reported on line 6c be met by the funding deadline?	viding agree	Yes	s No	□ N/A
8 Pa	Will the minimum funding amount reported on line 6c be met by the funding deadline?	viding agree 	Yes	S No	
8 Pa	Will the minimum funding amount reported on line 6c be met by the funding deadline?	viding agree 	Yes	S No	□ N/A
8 Pa	Will the minimum funding amount reported on line 6c be met by the funding deadline?	viding agree	Pecrease	Both venue Code,	□ N/A
Par	Will the minimum funding amount reported on line 6c be met by the funding deadline?	viding agree  ease [] (e)(7) of the Inay any exemption	Decrease nternal Revit loan?	Both venue Code,	N/A  No  No
9 Par	Will the minimum funding amount reported on line 6c be met by the funding deadline?	viding agree	Decrease nternal Revit loan?	Both venue Code, Ye Ye	N/A  No  No  No  No

Page <b>2</b> ·
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Schedule R (Form 5500) 2010

Par	t V	Additional Information for Multiemployer Defined Benefit Pension Plans					
13	Ente	ter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in					
		ollars). 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					
	е	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)					
	а	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					
	е	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):					
	а	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					
,	е	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					
,	е	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					
	<u>a</u> 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					
ı	е						
	a	Name of contributing employer					
	a 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					
	е	and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year  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):					

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14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of participant for:	the	
	a The current year	14a	0
	<b>b</b> The plan year immediately preceding the current plan year	14b	0
	C The second preceding plan year	14c	0
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to ma employer contribution during the current plan year to:	ake an	
	a The corresponding number for the plan year immediately preceding the current plan year	15a	0
	<b>b</b> The corresponding number for the second preceding plan year	15b	0
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	0
	<b>b</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	0
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, of supplemental information to be included as an attachment.		
P	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it Pension	n Plans
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see in information to be included as an attachment	nstructions re	egarding supplemental
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:  b Provide the average duration of the combined investment-grade and high-yield debt:	_	
	Uncolor of the control of the contro	zī years	_ 21 years or more

#### **Report of Independent Auditors**

To the Participants, Administrative Committee and Trustees of the McKinsey & Company, Inc. Profit-Sharing Retirement Plan

In our opinion, the accompanying statements of net assets available for benefits and the related statements of changes in net assets available for benefits present fairly, in all material respects, the net assets available for benefits of the McKinsey & Company, Inc. Profit-Sharing Retirement Plan (the "Plan") at December 31, 2010 and 2009 and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets (held at the end of year) is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

New York, New York September 8, 2011

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# McKinsey & Company, Inc. Profit-Sharing Retirement Plan

Financial Statements and Supplemental Schedule December 31, 2010 and 2009

### McKinsey & Company, Inc. Profit-Sharing Retirement Plan Index December 31, 2010 and 2009

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<sup>\*</sup> Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.

#### **Report of Independent Auditors**

To the Participants, Administrative Committee and Trustees of the McKinsey & Company, Inc. Profit-Sharing Retirement Plan

In our opinion, the accompanying statements of net assets available for benefits and the related statements of changes in net assets available for benefits present fairly, in all material respects, the net assets available for benefits of the McKinsey & Company, Inc. Profit-Sharing Retirement Plan (the "Plan") at December 31, 2010 and 2009 and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits of these statements in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets (held at the end of year) is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

New York, New York September 8, 2011

Pricinal orbine Corpers 22.

# McKinsey & Company, Inc. Profit-Sharing Retirement Plan Statements of Net Assets Available for Benefits December 31, 2010 and 2009

	2010	2009
Assets		
Investments - Plan interest in the McKinsey Master		
Retirement Trust	\$ 3,106,408,413	\$ 2,941,833,501
Receivables		
Notes receivable from participants	7,451,396	7,719,815
Firm contributions receivable	2,561,951	833,424
Total assets	3,116,421,760	2,950,386,740
Liabilities		
Accrued administrative expenses	220,073	116,848
Net assets available for benefits	\$ 3,116,201,687	\$ 2,950,269,892

# McKinsey & Company, Inc. Profit-Sharing Retirement Plan Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2010 and 2009

	2010			2009		
Additions to net assets available for benefits attributed to:						
Plan interest in the McKinsey Master Retirement						
Trust investment income	\$ 19	8,450,580	\$	378,263,405		
Interest on participant notes		327,017		497,173		
Contributions:						
Firm	5	5,283,238		51,881,495		
Participants	5	3,326,322		52,524,855		
Total additions	30	7,387,157		483,166,928		
Deductions from net assets available for benefits attributed to:						
Participant benefits	14	0,033,352		87,107,857		
Administrative and other expenses		1,422,010		1,625,688		
Total deductions	14	1,455,362		88,733,545		
Net increase	16	5,931,795		394,433,383		
Net assets available for benefits						
Beginning of year	2,95	0,269,892		2,555,836,509		
End of year	\$ 3,11	6,201,687	\$ 2	2,950,269,892		

#### 1. Description of the Plan

The following brief description of the McKinsey & Company, Inc. Profit-Sharing Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

#### General

The Plan is a defined contribution plan covering all full and part-time employees of McKinsey & Company, Inc. and subsidiaries (the "Firm"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

#### **Participation**

Eligible employees of the Firm become participants in the Plan immediately upon employment. Normal retirement is at age 65. Early retirement is at age 50.

#### **Contributions**

Firm contributions are made at the discretion of its Board of Directors. The Plan permits 401(k) pre-tax salary reduction, Roth 401(k) after-tax, and other voluntary after-tax contributions from a participant subject to a combined limitation of 80 percent (70 percent if making Roth or after tax contributions) of a participant's qualified compensation as defined under Section 401(a)(17) of the Internal Revenue Code (the "Code"), or \$16,500 for 2010 and 2009. The Plan's qualified compensation limit was \$170,000 in 2010 and 2009. Participants age 50 or older may make additional catch-up contributions of up to \$5,500 on a 401(k) pre-tax or Roth 401(k) after-tax basis. The maximum total participant and Firm contribution allowed for a participant was \$49,000 for 2010 and 2009.

#### **Investment Options and Master Trust (See Notes 6 and 7)**

Plan assets are held in the McKinsey Master Retirement Trust (the "Trust"). The Trust also includes the investments of the McKinsey & Company, Inc. Money Purchase Pension Plan and the McKinsey & Company, Inc. Supplemental Retirement Plan. Participant contributions and Firm contributions are invested in one or more of the investment portfolio's (the "Portfolio") of the Trust as directed by Plan participants. Annually, participants may reallocate balances among the investment portfolios. The plans do not own specific Master Trust assets unless the Administrative Committee has specified that an investment is allocated only to a specific plan; rather, the plans maintain individual beneficial interests in such assets. The portion of investment assets allocable to each plan is based upon the participant's account balance within each plan. Investment income for each investment is allocated to each plan based on the relationship of each plan's beneficial interest in the investment to the total beneficial interest of all plans in the investment. Details regarding the Trust and the investment options are presented in Notes 6 and 7. The Trust is governed by trustees appointed by the Firm's Board of Directors.

#### Vesting

Contributions are 100% vested at all times.

#### **Withdrawals**

Within limitations set forth in the Plan, participants may withdraw their voluntary contributions at any time. Firm contributions and earnings thereon cannot be withdrawn until termination of service. Participants may use their account balance to purchase life insurance policies as described in Note 7 under Qualified Plan Life Insurance. Participants may elect to receive the value of their accounts under a variety of options including a lump-sum distribution and, after reaching age 50, a life annuity payable quarterly.

#### Administration

The Plan is administered by the Administrative Committee appointed by the Firm's Board of Directors.

#### **Participant Accounts**

Each participant's account is credited with the participant's contribution and allocations of (a) the Firm's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### **Participant Notes**

Plan participants have the right, within limitations, to obtain personal loans from the Plan, collateralized by their interest in the Plan. Interest on these loans is charged at the prime rate, and were 3.25% in 2010 and 3.25% to 4.00% in 2009. Principal and interest is paid ratably through monthly payroll deductions. Loan terms range from one to five years. Participant notes are reported at cost, which approximates fair value.

#### 2. Summary of Significant Accounting Policies

#### **Basis of Accounting**

The accounts of the Plan are maintained and the financial statements have been prepared on the accrual basis of accounting.

#### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates. Certain investment values have been estimated as discussed below and those estimates could change significantly in the near term.

#### **Fair Value Measurements**

ASC Topic 820, Fair Value Measurements and Disclosures, establishes a fair value hierarchy and specifies that a valuation technique used to measure fair value shall maximize the use of observable inputs and minimize the use of unobservable inputs. The objective of a fair value measurement is to determine the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). Accordingly the fair value hierarchy gives the highest priority to valuations based upon unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to valuations based upon unobservable inputs that are significant to the valuation (Level 3). The levels of the fair value hierarchy under FASB ASC Topic 820 are as follows:

- Level 1 Price quotations in active markets/exchanges for identical securities
- Level 2 Other observable inputs (including, but not limited to: quoted prices for similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the assets or liabilities (such as interest rates, yield curves, volatilities, prepayment spreads, loss severities, credit risks, and default rates) or other market-corroborated inputs)
- Level 3 Unobservable inputs based on the best information available in the circumstance, to the extent observable inputs are not available (including the Portfolio's own assumptions used in determining the fair value of investments)

The inputs or methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

The Trust's investments in the Portfolio Funds traded on a securities exchange are classified primarily within Level 1 of the fair value hierarchy.

The Trust's investments in Portfolio Funds not otherwise traded on a securities exchange are classified within Level 2 of the fair value hierarchy as the value of these interests are primarily based on the respective net asset value reported by management of each Portfolio Fund rather than market transactions and other observable market data. The Trust also considers whether an adjustment to the net asset value reported by the Portfolio Fund is necessary based upon various factors, including, but not limited to, the attributes of the interest in the Portfolio Fund held, including the rights and obligations, and any restrictions on or illiquidity of such interests, and the fair value of such Portfolio Fund's investment portfolio or other assets and liabilities. The significance of any redemption restriction will be assessed in determining if the Portfolio Fund investment should be within Level 3.

#### Trust Investments (See Notes 6 and 7)

Securities listed on a securities exchange or traded over the counter are reported at market value based upon published quotations. Certain commingled investment funds are reported at market value based upon the published quotations for the equity and debt securities comprising these funds. Certificates of deposit and other short-term investments are carried at cost, which approximates fair value because of the short maturity of these investments. Management of the Trust uses valuations, as determined in good faith by the general partners of the partnerships and the managements of the corporations, to value its investments in limited partnerships and investment corporations. Certain commingled investment funds for which no quotations are readily available have been valued by management of the Trust, as determined in good faith by the respective investment manager. The values assigned to the limited partnerships, investment corporations and certain commingled investment funds do not necessarily represent amounts, which might be ultimately realized upon the sale or other disposition, since such amounts depend on future circumstances and cannot reasonably be determined until the actual liquidation occurs. Because of the inherent uncertainty of such valuations, those estimated fair values may differ significantly from the values that would have been used had a ready market for the investments existed, and the differences could be material. Forward foreign currency contracts are carried at fair value with gains and losses on these contracts recognized currently in the Trust's financial statements. Futures contracts are carried at market value with gains and losses on these contracts recognized currently in the Trust's financial statements.

Security transactions are recorded on a trade date basis. Interest income is recorded as earned and dividend income is recorded on the ex-dividend date.

Investment income for each Portfolio and administrative expenses relating to the Trust are allocated to the plans based upon beginning monthly balances invested by each plan.

#### **Payments of Benefits**

Benefits are recorded when paid.

#### **Expenses**

Normal expenses incurred in connection with security transactions, investment management and custody fees are paid by the Trust. These expenses are deducted in arriving at the investment income that is allocated from the Trust to the Plan. Administrative expenses such as audit and record keeping fees are paid by the Plan. Other administrative expenses not paid by the Trust or Plan are paid by the Firm.

#### Reclassifications

Certain 2009 amounts have been reclassified to conform with the 2010 presentation.

#### 3. Tax Status

The Internal Revenue Service has determined and informed the Firm by a letter dated February 2, 2009 that the Plan is designed in accordance with 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. Therefore, no provision for income taxes, other than for the allocated portion of unrelated business income tax of the Trust as discussed below, has been included in the Plan's financial statements.

The limited partnerships in which the Trust invests may incur debt to increase earnings. Earnings attributable to such borrowed funds subjects the Trust to unrelated business income tax that, to the extent allocable to the Plan, is included in administrative and other expenses and allocated to participants' accounts as applicable.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2006.

#### 4. Modifications and Termination

The Firm intends to continue the Plan indefinitely, but reserves the right to amend or discontinue it at any time. If the Plan is terminated or contributions discontinued, Plan participants will be fully vested in their rights under the Plan and benefits will be distributed either in accordance with provisions of the Plan or as otherwise provided by the Firm's Board of Directors.

#### 5. Risks and Uncertainties

The Plan provides for various investment options through the Trust as presented in Notes 6 and 7. Investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Some of the Plan's investments may be illiquid and the Plan may not be able to vary the Portfolio in response to changes in economic and other conditions. Some of the investments that are purchased and sold are traded in private, unregistered transactions and are therefore subject to restrictions on resale or otherwise have no established trading market. In addition, if the Plan is required to liquidate all or a portion of its portfolio quickly, the Plan may realize significantly less than the value at which it previously recorded those investments. The Plan may from time to time invest in derivative contracts traded over the counter, which are not traded in an organized public market and may be illiquid.

#### 6. Trust Financial Information

The Plan has a 82.5% and 83.5% interest in the McKinsey Master Retirement Trust at December 31, 2010 and 2009, respectively. The statements of net assets of the Trust at December 31 are as follows:

	2010	2009
Assets		
Investments at fair value		
Investments in Portfolio Funds	\$ 3,335,041,124	\$ 3,072,336,460
Cash surrender value of life insurance policies	5,459,638	5,142,015
Total Investments	3,340,500,762	3,077,478,475
Assets related to 401(h) account (amount included		
above in Investments at fair value)	39,971,638	37,250,638
Receivables		
Investments sold	58,318,864	128,093,286
Interest and dividends	39,782	29,301
	58,358,646	128,122,587
Cash and cash equivalents	415,744,608	376,407,856
Total assets	3,814,604,016	3,582,008,918
Liabilities		
Other payables	16,123,280	18,758,581
Unrealized depreciation on forward currency contracts	-	1,902,238
Amounts related to obligation of 401(h) account	39,971,638	37,250,638
Total Liabilities	56,094,918	57,911,457
Net assets	\$ 3,758,509,098	\$ 3,524,097,461

The Trust applies the authoritative guidance contained in FASB ASC 820-10, *Fair Value Measurements and Disclosures*, for estimating the fair value of investments in Portfolio Funds that have calculated net asset value per share in accordance with FASB ASC 946-10, *Financial Services-Investment Companies*. According to this guidance, in circumstances in which net asset value per share of an investment is not determinative of fair value, the Company is permitted, as a practical expedient, to estimate the fair value of an investment in a Portfolio Fund using the net asset value per share of the investment (or its equivalent) without further adjustment, if the net asset value per share of the investment is determined in accordance with FASB ASC 946-10 as of the Trust's measurement date. The following table summarizes the Trust's investments for which fair value was determined using this methodology as of December 31, 2010.

Categories	Fair Value as of 12/31/2010	% of Net Assets	Unfunded Commitment \$	Redemption Frequency ^	Redemption Notice Period
Convertible Arbitrage	\$ 422,600	0.0 %		Q	60 Days
Credit Arbitrage and Distressed	7,273,496	0.2		Q	45-180 Days
Event Driven	74,324,212	2.0		M,Q	30-100 Days
Fixed Income	530,494,500	14.1		D,M,Q,A	0-120 Days
Global Equities Long/Short	190,036,830	5.0		D,M.A	0-90 Days
Global Macro/Trading	250,783,624	6.7		M,Q,A	0-45 Days
Liquidating stubs	998,773	0.0		Q,A	0-45 Days
Market Neutral Equities	1,535,280	0.0		M	30 Days
Multi-Strategy	2,028,060,881	53.9		M	5 Days
Private Equities	37,702,132	1.0	83,630,000	W,M,A	NA
Short term Investments	1,554,315	0.0		D,M	0-7 Days
US Equities Long/Short	211,854,481	5.6		D,M,Q,A	0-60 Day
Total	\$ 3,335,041,124	88.5 %			

<sup>^</sup> Daily (D), Weekly (W), Monthly (M), Quarterly (Q), Semi-Annually (SA) and Annually (A). Some of the Portfolio Funds included in the investment categories above may be in liquidation and therefore subject to longer redemption periods.

The following table summarizes the inputs used in accordance with ASC 820, as discussed in Note 2, in determining the fair valuation of the Trust's investments. Funds in which the Trust invested more than 5% of its net assets are individually identified, while smaller investments are aggregated.

#### **December 31, 2010**

	Level 1	Level 2	Level 3		Total
Assets at fair value					
Convertible Arbitrage	\$ -	\$ -	\$	422,600	422,600
Credit Arbitrage and Distressed	-	7,273,496		-	7,273,496
Event Driven	-	74,324,212		-	74,324,212
Fixed Income	101,297,390	410,582,264		18,614,846	530,494,500
Global Equities Long/Short	-	180,813,378		9,223,452	190,036,830
Global Macro/Trading	-	239,448,720		11,334,904	250,783,624
Liquidating stubs	-	998,773		-	998,773
Market Neutral Equities	-	1,535,280		-	1,535,280
Multi-Strategy					-
SSALT Fund Limited	-	2,028,060,881		-	2,028,060,881
Private Equities	-	4,098,435		33,603,697	37,702,132
Short term Investments	-	1,554,315		-	1,554,315
Cash Surrender Value of Life Insurance	-	-		5,459,638	5,459,638
US Equities Long/Short		209,703,568		2,150,913	211,854,481
Total assets at fair value	\$ 101,297,390	\$ 3,158,393,322	\$	80,810,050	\$ 3,340,500,762

#### **December 31, 2009**

	Level 1	Level 2		Level 3	Total
Assets at fair value					
Convertible Arbitrage	\$ =	\$ -	\$	304,116	304,116
Credit Arbitrage and Distressed	-	14,117,234		-	14,117,234
Event Driven	-	67,743,483		-	67,743,483
Fixed Income	96,919,183	217,676,320		45,529,331	360,124,834
Global Equities Long/Short	-	134,758,778		7,999,390	142,758,168
Global Macro/Trading	=	430,734,055		10,989,567	441,723,622
Liquidating stubs	=	988,524		3,013,230	4,001,754
Market Neutral Equities	-	1,525,834		-	1,525,834
Multi-Strategy					
SSALT Fund Limited	-	1,583,100,321		-	1,583,100,321
Private Equities	-	4,059,407		22,416,802	26,476,209
Real Estate	-	-		27,813,948	27,813,948
Short term Investments	-	208,933,262		-	208,933,262
Cash Surrender Value of Life Insurance	-	-		5,142,015	5,142,015
US Equities Long/Short	 -	184,228,228		9,485,447	193,713,675
Total assets at fair value	96,919,183	2,847,865,446		132,693,846	3,077,478,475
Liabilities					
Currency Forward Contracts		(1,902,238)			(1,902,238)
Total liabilities at fair value		(1,902,238)			(1,902,238)
Total	\$ 96,919,183	\$ 2,845,963,208	\$	132,693,846	\$ 3,075,576,237

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The following table sets forth a summary of changes in the fair value of the Trust and Plan's Level 3 assets:

#### Year ended December 31, 2010

		nsfers into (out of) Level 3	t Net Purchases (Sales)		а	Change in Unrealized ppreciation/ lepreciation)	Balance as of December 31, 2010			
Strategy										
Convertible Arbitrage	\$	304,115	\$	-	\$	-	\$	118,485	\$	422,600
Fixed Income		45,529,332		(2,816,820)		-		(24,097,666)		18,614,846
Global Equities Long/Short		7,999,390		-		(484,784)		1,708,846		9,223,452
Global Macro/Trading		10,989,567		-		(1,972,394)		2,317,731		11,334,904
Liquidating stubs		3,013,230		(3,013,230)		-		-		-
Private Equities		22,416,802		-		11,840,971		(654,076)		33,603,697
Real Estate		27,813,948		(27,813,948)		-		-		-
Cash Surrender Value of										
Life Insurance Policies		5,142,015		65,933		383,556		(131,866)		5,459,638
US Equities Long/Short		9,485,447		(8,404,186)		721,616		348,036		2,150,913
Total	\$	132,693,846	\$	(41,982,251)	\$	10,488,965	\$	(20,390,510)	\$	80,810,050

#### Year ended December 31, 2009

		alance as of nuary 1, 2009						Change in Unrealized appreciation/ (depreciation)			Balance as of December 31, 2009	
Strategy												
Convertible Arbitrage	\$	141,004,625	\$	(139,777,867)	\$ (1,020,162)	\$	(274,786)	\$	372,305	\$	304,115	
Credit Arbitrage and Distress	٤	320,042,102		(320,042,102)	-		-		-		-	
Event Driven		109,425,314		(109,425,314)	-		-		-		-	
Fixed Income		555,380,335		(467,117,731)	(23,753,509)		(8,535,682)		(10,444,081)		45,529,332	
Global Equities Long/Short		216,340,857		(211,637,215)	219,935		-		3,075,813		7,999,390	
Global Macro/Trading		721,389,520		(714,426,764)	4,706,705		-		(679,894)		10,989,567	
Liquidating stubs		13,766,313		(13,766,313)	2,605,967		-		407,263		3,013,230	
Market Neutral Equities		79,423,593		(79,423,593)	-		-		-		-	
Multi-Strategy		35,965,334		(35,965,334)	-		-		-		-	
Private Equities		18,444,412		(4,130,838)	9,115,474		-		(1,012,246)		22,416,802	
Real Estate		49,136,358		-	(4,854,789)		(1,331,095)		(15,136,526)		27,813,948	
Cash Surrender Value of												
Life Insurance Policies		4,766,018		-	648,638		-		(272,641)		5,142,015	
US Equities Long/Short		226,093,149		(224,231,587)	3,720,043		609,118		3,294,724		9,485,447	
Total	\$ 2	2,491,177,930	\$(	2,319,944,658)	\$ (8,611,698)	\$	(9,532,445)	\$	(20,395,283)	\$	132,693,846	

<sup>1</sup> Transfers represent investments in Portfolio Funds that were previously categorized as Level 3 investments for the year ended December 31, 2008. In accordance with revised authoritative guidance, these investments are being recategorized as Level 2 as of January 1, 2009.

Net change in unrealized (depreciation) for Level 3 investments held by the Trust at December 31, 2010 and 2009 were \$(20,390,510) and \$(20,395,283), respectively.

Trust net investment income for the years ended December 31, 2010 and 2009 is as follows:

	2010			2009		
Investment income						
Interest	\$	505,608	\$	389,304		
Dividends		9,004,040		14,210,932		
Net appreciation in fair value of investments		271,089,766		438,209,225		
Currency exchange (loss) gain		(21,070,339)		9,213,710		
		259,529,075		462,023,171		
Investment expense						
Unrelated business income tax expense (credit)		200,715		(4,959,338)		
Investment fees		14,010,121		13,357,770		
		14,210,836		8,398,432		
Less: Income from 401(h) account		2,721,001		4,858,228		
Net investment income	\$	242,597,238	\$	448,766,511		

Net appreciation (depreciation) in fair value of investments held by the Trust is as follows:

	2010	2009
Common stocks	\$ (49,115)	\$ (159,351)
Forward currency contracts	5,361,402	(1,207,118)
Limited partnerships and investment corporations	108,308,300	282,578,840
Commingled investment funds	156,812,793	156,781,956
Miscellaneous	 656,386	 214,898
Net appreciation	\$ 271,089,766	\$ 438,209,225

#### Investments in Derivatives and Financial Instruments with Off-Balance Sheet Risk

The Trust may enter into forward currency contracts (obligations to purchase or sell non-U.S. currencies in the future on dates and at prices fixed at the time contracts are entered into) to hedge the Trust against fluctuations in the value of its assets or liabilities due to changes in the value of non-U.S. currencies. Each day the forward currency contract is open, changes in the value of the contract are recognized as unrealized gains or losses by "marking to market". When the delivery of the currency is made or taken, the Trust records a realized gain or loss equal to the difference between the cost of closing the transaction and the Trust's basis in the contract. The unrealized appreciation (depreciation) is included in the Trust's net appreciation in fair value of investments, within the forward currency contracts component. The Trust is subject to off-balance sheet risk to the extent of the value of the contracts for purchases of non-U.S. currencies, and in unlimited amounts for sales of contracts of non-U.S. currencies. The Trust had the following forward currency contracts open:

#### December 31, 2010

Contracts to Buy	Settlement Date	Contracts to Deliver	ember 31, 2010 Market Value	Unrealized Appreciation		
Euros 63,978,000	March 31, 2011	\$ 84,023,587	\$ 85,576,973	\$ 1,553,386		
Euros 83,529,000	March 31, 2011	\$ 109,700,306	\$ 111,728,390	\$ 2,028,084		

#### **December 31, 2009**

Contracts to Buy	Settlement Date		Contracts to Deliver		ember 31, 2009 Market Value	Unrealized (Depreciation)		
Euros 70,133,000	March 31, 2010	\$	101,045,522	\$	100,280,582	\$	(764,940)	
Euros 104,001,000	March 31, 2010	\$	149,841,521	\$	148,707,182	\$	(1,134,339)	

#### 7. Investment Options

A brief description of each investment option follows:

#### **Currency Deposits Portfolio**

Assets are invested in currency deposits held with Deutsche Bank to provide short-term fixed income.

#### **Short-Term U.S. Treasury Money Market Portfolio**

Assets are invested in the JP Morgan 100% U.S. Treasury Securities Money Market Capital Shares, JP Morgan Federal MM Institutional Shares and JP Morgan Money Market Institutional Shares, short-term mutual funds, which provide a consistently positive return and preserve flexibility.

#### Passive Euro Bonds Portfolio (Formerly Euroland Bond Portfolio)

Assets are invested in a broadly diversified portfolio of high-quality bonds, notes and short-term debt securities issued by governments, banks, corporations and other institutions of countries that are members of the European Monetary Union, as well as futures on these securities. The Portfolio's holdings are denominated in Euros.

### Passive Inflation-Linked Bond Portfolio (Formerly Inflation-Linked Bond Portfolio)

Assets are primarily invested globally in inflation-indexed bonds of varying maturities issued or guaranteed by the U.S. and other national governments, their agencies, corporations and other issuers.

#### Passive U.S. Bonds Portfolio (Formerly U.S. Bond Portfolio)

Assets are invested in the Barclays U.S. Debt Index Fund, a commingled fund that holds diversified portfolios of corporate and U.S. government bonds, money market securities, and a variety of other income-oriented instruments with the aim of earning greater returns than other fixed-income alternatives.

#### **Global Private Equity 1997 Portfolio**

Assets are primarily invested in private equity partnerships that seek to provide long-term capital growth. These partnerships generally buy companies and attempt to institute an array of positive changes in the companies to substantially increase their value. Invested assets are restricted on a long-term basis, and no new funds may be invested in this option. At December 31, 2010 and 2009 assets in the amount of \$1,106,532 and \$1,717,178, respectively, were invested by the Trust in CGPEC – 1997 LLC, and the remaining portion of the portfolio is invested in the Special Situations Aggressive Long Term Portfolio and other assets. CGPEC – 1997 LLC is a related party owned by the Trust and certain shareholders of the Firm, and is advised by MIO Partners, Inc., a wholly owned subsidiary of the Firm.

#### Special Situations Moderate Portfolio – USD (Formerly Hedging Strategies Portfolio)

Assets are primarily invested in the Special Situations Portfolio, limited partnerships, non-U.S. investment corporations and managed accounts to provide a reasonable expectation of growth through hedging strategies. The assets of the limited partnerships, non-U.S. investment corporations and managed accounts are principally invested in equity securities, government obligations and corporate bonds. The partnerships and non-U.S. investment corporations also establish positions through short sales of securities, repurchase and reverse repurchase agreements and derivative financial instruments including interest rate caps and swaps, options, futures and forward contracts for currencies, commodities and other financial instruments. Of the portfolio's assets at December 31, 2010 and 2009, no other country outside of the United States individually accounted for more than 10% of the portfolio's total assets.

Non-U.S. participants in this portfolio have the option to have their interests in the portfolio effectively denominated in Euros through foreign currency contracts for such currency.

# Active Global Equities Portfolio (Formerly U.S. Active Equity and Non-U.S. Active Equity Portfolios)

Assets are primarily invested in non-U.S. equities in both developed and emerging markets through third-party asset managers employing aggressive, and sometimes leveraged, equity trading strategies and/or directly through equity and/or currency derivatives. The Portfolio invests mainly in equities, typically both long and short, and in other types of financial and non-financial assets, including currencies, debt securities, indexes and derivatives. Significant parts of the Portfolio may be invested in the Hedging Strategies Portfolio, the Special Situations Portfolio, and/or other relative value strategies, and it may hold cash investments.

# Passive Non-U.S. Passive Equities Portfolio (Formerly Non-U.S. Passive Equity Index Portfolio)

Assets are invested in non-U.S. securities in developed and emerging markets. As a general rule, individual developed countries will be weighted according to their relative GDPs and rebalanced to that weighting once a year. Individual emerging market countries may be market capitalization-weighted or the asset manager may follow another largely passive approach. These investments are generally made through various investment vehicles managed by third parties. The Portfolio provides diversified participation in the world stock market outside the United States, with a significant emerging markets component, but without the risks or potential advantages of active management. At times, the Portfolio may also hold cash or cash equivalent securities.

#### **Real Estate and Related Securities Portfolio**

Assets are primarily invested in the JP Morgan Management Strategic Property and Special Situations Funds, commingled funds, and short-term investments to provide capital growth.

#### Passive U.S. Equities Portfolio (Formerly U.S. Passive Equity Index Portfolio)

Assets are primarily invested in various vehicles managed by third-party investment managers, but can also be invested by using derivatives such as futures and swaps. The Portfolio might also hold cash and cash equivalent securities, but in general will aim to have full exposure to the U.S. equities market. The Portfolio's holdings of stocks are, in general, weighted to match each stock's position in the Russell 3000 Index.

#### Special Situations Aggressive Long Term Portfolio (Formerly Special Situations Portfolio)

Assets are primarily invested in managed accounts, limited partnerships and non-U.S. investment corporations to provide a high return through specialized investment strategies. The assets of the managed accounts are invested in U.S. and other national government obligations, corporate bonds, equity securities and commingled investment funds. Also, the managers sell securities short. The limited partnerships invest in U.S. and other national government obligations, corporate bonds and equity securities, frequently including securities of troubled companies, undervalued issues and securities with limited markets, as well as leveraged buyouts and real estate related assets. The limited partnerships and non-U.S. investment corporations also establish positions through short sales of securities and derivative financial instruments including interest rate caps and swaps, options, futures and forward contracts for currencies, commodities and other financial instruments. No country outside of the United States individually accounted for more than 10% of the portfolio's total assets at December 31, 2010 and 2009.

Non-U.S. participants in this portfolio have the option to have their interests in the portfolio effectively denominated in Euros through foreign currency contracts for such currency.

#### **Qualified Plan Life Insurance**

The Plan permits participants to transfer funds from the Short-Term U.S. Treasury Money Market Portfolio, or any of the passive portfolios, to the Qualified Plan Life Insurance to acquire and pay premiums on life insurance policies covering the Plan participant and/or any other person in whom the Plan participant has an insurable interest. The balance in the portfolio at December 31, 2010 and 2009 represents the cash surrender value of life insurance policies assigned to the Plan.

#### **Indexed U.K. Equities Portfolio**

Assets are invested in the Aquila U.K. Equities Fund, a non-U.S. commingled fund primarily invested in the U.K. stock market. This option is available only to qualified participants associated with the Firm's London office.

#### **U.K. Fixed Interest Securities Portfolio**

Assets are invested in the Legal & General All Stocks Gilts Index Fund, a non-U.S. commingled fund primarily invested in U.K. gilt-edged securities, gilt-edged financial futures contracts and corporate debt. This option is available only to qualified participants associated with the Firm's London office.

#### **U.K. Mixed Managed Portfolio**

Assets are invested in the Legal & General Consensus Fund, a non-U.S. commingled fund. It seeks to replicate the asset allocation of the CAPS Pooled Funds Index. The underlying asset classes thus selected (U.K. Equities, U.K. Bonds, foreign equities, etc.) are passively invested. This option is available only to qualified participants associated with the Firm's London office.

#### **Other Portfolios**

The remaining Plan assets are, invested, principally in Germany, for the benefit of participants in certain non-U.S. countries. The majority of assets invested are not participant-directed (see note 8). The assets are primarily invested in various types of bonds and indexed equities.

#### 8. Nonparticipant-Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	ecember 31, 2010	December 31, 2009			
Net assets					
Bonds	\$ 76,286,157	\$	79,111,856		
Limited partnerships and investment corporations	123,007,637		125,672,579		
Other assets and liabilities, net	(7,611,264)		(157,465)		
	\$ 191,682,530	\$	204,626,970		

	Year Ended December 31, 2010	
Changes in net assets		
Contributions	\$ 786,770	
Net (depreciation) in fair value of investments	(1,806,766)	
Benefits paid to participants	(9,578,386)	
Transfers	(2,220,238)	
Administration Fees	 (125,820)	
Net (decrease)	\$ (12,944,440)	

#### 9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 and 2009 to the Form 5500:

	2010	2009
Net assets available for benefits per the financial statements Amounts allocated to withdrawing participants	\$ 3,116,201,687	\$ 2,950,269,892 (7,232)
Net assets available for benefits per Form 5500	\$ 3,116,201,687	\$ 2,950,262,660

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2010 to the Form 5500:

	2010
Benefits paid to participants per the financial statements Less: Amounts allocated to withdrawing participants at	\$ 140,033,352
December 31, 2009	(7,232)
Benefits paid to participants per Form 5500	\$ 140,026,120

Amounts allocated to withdrawing participants are recorded on the 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.

#### 10. Related Parties

MIO Partners, Inc. ("MIO"), a wholly owned subsidiary of the Firm, is the Investment Manager of the Trust. MIO manages the investments of the Trust and was reimbursed by the Trust for certain expenses incurred in connection with this role during 2010 and 2009 in the amounts \$12,700,672 and \$11,696,007, respectively. These transactions qualify as party-in-interest transactions or reimbursement of third party expenses.

#### 11. Subsequent Events

Events that have occurred subsequent to December 31, 2010 and up to September 8, 2011, the date the financial statements were available to be issued, have been evaluated for disclosure within the financial statements. The Plan has determined that no additional items require disclosure.

McKinsey & Company, Inc. **Profit-Sharing Retirement Plan** Schedule H, Line 4i - Schedule of Assets (Held at End of Year) **December 31, 2010** 

(a)	(b)	(c)	(d)	(e)
Person Known to Be a Party-in-Interest to the Plan	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	McKinsey Master Retirement Trust	Investment in Master Trust	**	\$ 3,106,408,413
*	Participant loans	Loans to participants, prime at origination, maturity dates vary. (interest rates varying from 3.25% to 8.25%, maturing from 2011-2014)	**	\$ 7,451,396

<sup>\*</sup>Denotes party-in-interest as defined by ERISA.
\*\* Cost information is not required for participant-directed accounts.

### Statement 1 Schedule H Line 4(i) - Schedule of Assets

(a) Person Known to Be	(b)	(c ) Description of Investment including	(d)	(e)
a Party-in-Interest to the Plan	Identity of Issue, Borrower, Lessor or Similar Party	Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	McKinsey Master Retirement Trust	Investment in Master Trust	**	3,106,408,413
*	Participant loans	Loans to participants, prime at origination, maturity dates vary. (interest rates varying from 3.25% to 8.25%, maturing from 2011-2014)	**	\$ 7,451,396

<sup>\*</sup> Denotes party-in-interest as defined by ERISA
\*\* Cost information is not required for participant-directed investments