

March 9, 2010

EBSA/PUBLIC DISCLOSURE
2010 MAR 15 PM 2:16

U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue, NW, N-1513
Washington, DC 20210

Re: Madison Museum of Contemporary Art, Inc.
Top Hat Plan Statement

Dear Sir or Madam:

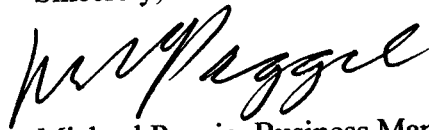
By this letter, the Madison Museum of Contemporary Art, Inc. provides the following statement in accordance with regulation section 29 CFR § 2520.104-23 regarding its top hat plan:

The Madison Museum of Contemporary Art, Inc., formerly known as the Madison Art Center, Inc., whose address is 227 State Street, Madison, Wisconsin 53703 and whose employer identification number is 39-1133513, hereby declares that it maintains a Deferred Compensation Plan pursuant to Internal Revenue Code Section 457(b). The primary purpose of the plan is to provide deferred compensation for a select group of management or highly compensated employees. The Madison Museum of Contemporary Art maintains only one deferred compensation plan of this type and the plan has only one participant. This plan's effective date was November 1, 1990.

The Madison Museum of Contemporary Art is filing this statement as part of the Delinquent Filer Voluntary Compliance Program. Attached per the Department of Labor's website and 67 FR 15052 is the Madison Museum of Contemporary Art's partially completed Form 5500. Payment of the \$750 penalty fee was submitted online on March 9, 2010. The Agency Tracking ID for the payment is 10-03-03065.

Please feel free to contact me at (608) 257-0158 or the Madison Museum of Contemporary Art's attorney, Charity McCarthy of Melli Law, S.C. at (608)257-4812 if you have any questions or if you need us to provide any additional information.

Sincerely,



Michael Paggie, Business Manager
Madison Museum of Contemporary Art, Inc.

Enclosure

OF CONTEMPORARY ART
MADISON WISCONSIN

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Annual Report Identification Information

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 single-employer plan;
 - a multiple-employer plan; or
 - a DFE (specify) _____
- B This return/report is:
 - the first return/report;
 - the final return/report;
 - an amended return/report;
 - a short plan year return/report (less than 12 months).
- C If the plan is a collectively-bargained plan, check here:
- D Check box if filing under:
 - Form 5558;
 - automatic extension;
 - the DFVC program;
 - special extension (enter description)

Basic Plan Information—enter all requested information

1a Name of plan
DEFERRED COMPENSATION PLAN

1b Three-digit plan number (PN) ▶ 888

1c Effective date of plan

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
MADISON MUSEUM OF CONTEMPORARY ART, INC.

2b Employer Identification Number (EIN)
39-1133513

2c Sponsor's telephone number
608-257-0158

227 STATE STREET
MADISON, WI 53703

227 STATE STREET
MADISON, WI 53703

2d Business code (see instructions)

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<i>Michael Paggie</i>	3-10-10	MICHAEL PAGGIE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
 MADISON MUSEUM OF CONTEMPORARY ART, INC.

 227 STATE STREET
 MADISON, WI 53703

3b Administrator's EIN
 39-1133513
3c Administrator's telephone number
 608-257-0158

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN
4c PN

5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).	
a Active participants.....	6a
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits.....	6c
d Subtotal. Add lines 6a, 6b, and 6c.....	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e
f Total. Add lines 6d and 6e.....	6f
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

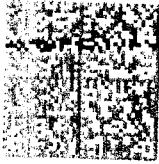
9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3)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

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information - Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information)
	(4) <input type="checkbox"/> C (Service Provider Information)
	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

227 State Street
Madison, Wisconsin 53703

MADISON MUSEUM
OF CONTEMPORARY ART



POSTAGE FOR THIS
MAILING WILL BE PAID BY
ADDRESSEE
PITNEY BOWES
02 1P
\$ 000.44
0008915062 MAR 10 2010
MAILED FROM ZIP CODE 53703

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Employee Benefits Security Administration
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200 Constitution Avenue, NW, N-1513
Washington, DC 20210

