

June 2018

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Public Four-Year Universities

Name: Dr. Dwaun J. Warmack

Institution: Harris-Stowe State University Contact Person: Brian M. Huggins Phone: 314-340-3335

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 2018 Estimated Expenditures			
		Private Funds (e.g.			Private Funds (e.g.		
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$237,786			\$237,786			
Medical/dental/vision insurance for self							
Medical/dental/vision insurance for							
self/spouse/family	\$19,244			\$23,000			
Long-term disability for self	\$307			\$285			
Deferred compensation	\$10,000			\$10,000			
Retirement benefit	\$46,249			\$48,627			
Other (please specify)							
Life Insurance	\$174			\$187			
A D and D Insurance	\$21			\$21			
Additional life insurance	Value						
Annuity	Value						
TOTAL	\$313,781	\$0	\$0	\$319,906	\$0	\$0	

Other Compensation:

	FY 2	017 Actual Expendit	tures	FY 2018 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)	\$44,500			\$44,500			
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
Annuity	\$13,500			\$13,500			
TOTAL	\$58,000	\$0	\$0	\$58,000	\$0	\$0	

Name: Dr. Kevin Rome

7/1/16 to 6/15/17

Institution: Lincoln University

Phone: 573 681-5019

Contact Person: Jim Marcantonio HR Director

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 20)17 Actual Expendi	tures	FY 2018 Estimated Expenditures			
		Private Funds			Private Funds		
	Institutional Operating Funds	(e.g. Institution Foundations)	Amount Above Standard Benefit	Institutional Operating Funds	(e.g. Institution Foundations)	Amount Above Standard Benefit	
Base salary	\$230,384						
Medical/dental/vision insurance for self	\$5,064						
Medical/dental/vision insurance for spouse/family	\$13,777						
Long-term disability for self	\$910						
Deferred compensation							
Retirement benefit	\$13,062						
Other (please specify) Annuity	\$21,500						
Adjunct	\$2,400						
Additional life insurance							
Annuity							
TOTAL	\$287,097	\$0	\$0	\$0	\$0	\$0	

Other Compensation:

	FY 20	017 Actual Expendi	tures	FY 2018 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities Housing allowance (provided for private							
rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)	\$8,625						
Automobile repair/maintenance/mileage Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$8,625	\$0	\$0	\$0	\$0	\$0	

Name: Mike Middleton

6/1/17 to 5/30/18

Institution: Lincoln University

Phone: 573 681-5019

Contact Person: Jim Marcantonio HR Director

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

) 17 Actual Expendi		FY 2018 Estimated Expenditures			
		Private Funds (e.g.		Institutional	Private Funds (e.g.		
	Institutional	Institution	Amount Above	Operating	Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Funds	Foundations)	Standard Benefit	
Base salary	\$20,000				\$220,000		
Medical/dental/vision insurance for self							
Medical/dental/vision insurance for spouse/family							
Long-term disability for self							
Deferred compensation							
Retirement benefit							
Other (please specify) Annuity	\$5,834				\$64,174		
Adjunct							
Additional life insurance							
Annuity							
TOTAL	\$25,834	\$0	\$0	\$0	\$284,174	\$0	

Other Compensation:

	FY 2	017 Actual Expendi	tures	FY 2018 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing		,			· · · · · · · · · · · · · · · · · · ·		
Utilities Housing allowance (provided for private rent/lease/purchase)							
Housekeeper Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase) Automobile repair/maintenance/mileage							
Professional development Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	

Name: Dr. Jerald Wolfork 6/1/18 to 6/30/18

Institution:	Lincoln University
Phone:	573 681-5019
Contact Person:	Jim Marcantonio HR Director

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	2017 Actual Expenditu	ires	FY 2018 Estimated Expenditures			
		Private Funds (e.g.			Private Funds (e.g.		
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary				\$20,000			
Medical/dental/vision insurance for self				\$471			
Medical/dental/vision insurance for spouse/family							
Long-term disability for self				\$79			
Deferred compensation							
Retirement benefit							
Other (please specify) Annuity				\$1,667			
Adjunct							
Additional life insurance							
Annuity							
TOTAL	\$0	\$0	\$0	\$22,217	\$0	\$0	

Other Compensation:

	FY 2	2017 Actual Expenditu		FY 2018 Estimated Expenditures			
	Institutional	Private Funds (e.g. Institutional	Estimated Value of Compensation (not reflected in	Institutional	Private Funds (e.g. Institutional	Estimated Value of Compensation (not	
	Operating Funds	Foundations)	budget)	Operating Funds	Foundations)	reflected in budget)	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile				\$550			
Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage							
Professional development Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$0	\$0	\$0	\$550	\$0	\$0	

Name: Dr. Alan Marble

Institution: Missouri Southern State University

Contact Person: Evan Jewsbury, Director of Human Resources

Phone: 417-625-9805

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 201	L8 Estimated Expen	ditures
		Private Funds (e.g.			Private Funds (e.g.	
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$189,442			\$189,442		
Medical/dental/vision insurance for self	\$7,035			\$6,870		
Medical/dental/vision insurance for spouse/family	\$0			\$0		
Long-term disability for self	\$238			\$238		
Deferred compensation	\$48,000		\$48,000	\$48,000		\$48,000
Retirement benefit	\$40,294			\$46,182		
Other (please specify)						
Additional life insurance	Value					
A) (shus					
Annuity	Value					
TOTAL	\$285,008	\$0	\$48,000	\$290,732	\$0	\$48,000

Other Compensation:

	FY 2	017 Actual Expendit	tures	FY 2018 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)	\$3,594			\$3,594			
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$3,594	\$0	\$0	\$3,594	\$0	\$0	

Name: Clif Smart

Institution: Missouri State University

Contact Person: Kristin Bilyeu

Phone: (417) 836-3002

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 201	8 Estimated Expen	ditures
		Private Funds (e.g.			Private Funds (e.g.	
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$334,981			\$334,981		
Medical/dental/vision insurance for self						
Medical/dental/vision insurance for spouse/family	\$5,515			\$5,515		
Long-term disability for self						
Deferred compensation						
Retirement benefit						
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
			I	I		
TOTAL	\$340,496	\$0	\$0	\$340,496	\$0	\$0

Other Compensation:

	FY 2	017 Actual Expendit	ures	FY 201	FY 2018 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)		
Housing								
Utilities								
Housing allowance (provided for private rent/lease/purchase)	\$40,000				\$40,000			
Housekeeper								
Custodian, groundskeeper								
Insurance for personal property								
Entertainment								
Automobile Automobile allowance (provided for private lease/purchase)								
Automobile repair/maintenance/mileage								
Professional development								
Expense for spouse/family to attend meetings								
Club/other memberships	\$3,450	\$5,930		\$2,958	\$5,610			
Other (please specify)								
TOTAL	\$43,450	\$5,930	\$0	\$2,958	\$45,610	\$0		

Name: Drew Bennett

Institution: Missouri State University - West Plains

Contact Person: Kristin Bilyeu

Phone: 417-836-3002

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 201	8 Estimated Expen	ditures
		Private Funds (e.g.			Private Funds (e.g.	
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$164,477			\$204,477		
Medical/dental/vision insurance for self						
Medical/dental/vision insurance for spouse/family						
Long-term disability for self						
Deferred compensation						
Retirement benefit						
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
	4			4	4.5	
TOTAL	\$164,477	\$0	\$0	\$204,477	\$0	\$0

Other Compensation:

	FY 2	017 Actual Expendit	tures	FY 202	FY 2018 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)		
Housing								
Utilities								
Housing allowance (provided for private rent/lease/purchase)	\$24,000			\$24,000				
Housekeeper								
Custodian, groundskeeper								
Insurance for personal property								
Entertainment								
Automobile Automobile allowance (provided for private lease/purchase)								
Automobile repair/maintenance/mileage								
Professional development								
Expense for spouse/family to attend meetings								
Club/other memberships	\$3,047			\$3,257				
Other (please specify)								
TOTAL	\$27,047	\$0	\$0	\$27,257	\$0	\$0		

Name: Dr. Robert Vartabedian

Institution: Missouri Western State University

Contact Person: Sara Freemyer, Director of Human Resources

Phone: 816.271.4587

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 201	FY 2018 Estimated Expenditures			
		Private Funds (e.g.			Private Funds (e.g.			
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$255,593			\$255,593				
Medical/dental/vision insurance for self	\$7,627			\$8,207				
Medical/dental/vision insurance for spouse/family								
Long-term disability for self	\$319			\$319				
Deferred compensation								
Retirement benefit	\$52,515			\$55,579				
Other Basic Life \$804, Annunity \$24,000	\$24,804			\$24,804				
Additional life insurance	Value							
	\$512,000							
Annuity	Value							
	\$24,000							
TOTAL	\$340,858	\$0	\$0	\$344,502	\$0	\$0		
IUTAL	\$340,858	ŞU	Şυ	\$344,502	ŞU	ŞU		

Other Compensation:

	FY 2	017 Actual Expendit	tures	FY 2018 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing	\$28,000			\$28,000		
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$12,500			\$12,500		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships	\$4,033			\$4,033		
Other (please specify)						
TOTAL	\$44,533	\$0	\$0	\$44,533	\$0	\$0

Name: Dr. John Jasinski

Institution: Northwest Missouri State University

Contact Person: Brooke Hull

Phone: 660-562-1129

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	2017 Actual Expendit	ures	FY 2018 Estimated Expenditures			
		Private Funds (e.g.			Private Funds (e.g.		
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$267,720			\$267,720			
Medical/dental/vision insurance for self	\$7,827			\$8,180			
Medical/dental/vision insurance for spouse/family	\$14,188			\$16,335			
Long-term disability for self	\$332			\$332			
Deferred compensation	\$12,000			\$20,000			
Retirement benefit	\$50,319			\$55,339			
Other (please specify) Basic Life Insurance (1x annual salary)	\$563			\$563			
Additional life insurance	\$268,000						
	(1x annual salary	provided)					
Annuity	Value						
	¢252.040	40	40		40	40	
TOTAL	\$352,949	\$0	\$0	\$368,469	\$0	\$0	

Other Compensation:

	FY 2	017 Actual Expendit	ures	FY 2018 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing			\$9,000			\$9,000
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)			\$16,800			\$16,800
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships			\$1,485			\$1,500
Other (please specify)						
TOTAL	\$0	\$0	\$27,285	\$0	\$0	\$27,300

Name: Carlos Vargas-Aburto

Institution: Southeast Missouri State University

Contact Person: Melissia Coffee

Phone: <u>(</u>573) 986-6192

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 201	8 Estimated Expen	ditures
		Private Funds (e.g.			Private Funds (e.g.	
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$278,000			\$278,000		
Medical/dental/vision insurance for self						
Medical/dental/vision insurance for spouse/family						
Long-term disability for self						
Deferred compensation						
Retirement benefit						
Other (please specify)						
Additional life insurance	\$0					
Annuity	\$30,000					
TOTAL	\$278,000	\$0	\$0	\$278,000	\$0	\$0

Other Compensation:

	FY 2	017 Actual Expendit	ures	FY 2018 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing	\$30,000			\$30,000		
Utilities Housing allowance (provided for private	\$5,525			\$5,600		
rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$7,074			\$7,074		
Automobile repair/maintenance/mileage	\$497			\$500		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$43,096	\$0	\$0	\$43,174	\$0	\$0

Name: Susan L. Thomas - Interim FY17, Permanent FY18

Institution: <u>Truman State University</u> Contact Person: Dave Rector

Phone: 660-785-4100

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 201	8 Estimated Expend	ditures
		Private Funds (e.g.			Private Funds (e.g.	
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$220,000			\$260,000		
Medical/dental/vision insurance for self	\$6,675			\$7,657		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$210			\$210		
Deferred compensation						
Retirement benefit	\$39,597			\$50,570		
Other (please specify)						
Basic Life	\$133			\$133		
AD&D	\$36			\$36		
FICA/Medicare	\$11,001			\$11,694		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$277,652	\$0	\$0	\$330,300	\$0	\$0

Other Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package which provide a value to the president/chancellor and are not easily identified in operating spending (i.e., housing provided on campus), please indicate in the specified column an estimate of the value of the compensation (in the example of housing, this would be the estimated market rent for the property).

	FY 2	017 Actual Expendit	ures	FY 2018 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)**	\$1,538			\$6,500 \$3,750		
Housekeeper						
Custodian, groundskeeper	\$330			\$2,200		
Insurance for personal property	\$294			\$407		
Entertainment		\$9,945			\$9,950	
Automobile Automobile allowance (provided for private lease/purchase)	\$2,180			\$2,300		
Automobile repair/maintenance/mileage Professional development						
Expense for spouse/family to attend meetings Club/other memberships						
Other (please specify)						
TOTAL	\$10,342	\$9,945	\$0	\$15,157	\$9,950	\$0

** Housing allowance provided while on-campus residence was renovated.

Name: Dr. Charles Ambrose

Institution: University of Central Missouri Contact Person: <u>660-543-8703</u> Phone: <u>Sondra Moore</u>

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

FY 2017 Actual Expenditures			FY 2018 Estimated Expenditures			
	Private Funds (e.g.			Private Funds (e.g.		
Institutional	Institution	Amount Above	Institutional	Institution	Amount Above	
Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
\$322,550			\$322,550			
\$7,554			\$6,936			
\$2,035			\$2,244			
\$545			\$521			
\$24,000			\$45,000			
\$15,317			\$16,011			
\$20,000			\$0			
\$0			\$14,400			
\$660			\$360			
Value						
Value						
\$202 661	ćo	Śŋ	\$409.022	Śŋ	\$0	
	Institutional Operating Funds \$322,550 \$7,554 \$2,035 \$545 \$24,000 \$15,317 \$20,000 \$0 \$660 Value Value	Institutional Operating Funds Private Funds (e.g. Institution Foundations) \$322,550 \$322,550 \$7,554 \$2,035 \$2,035 \$24,000 \$15,317 \$20,000 \$20,000 \$660 Value \$20,000	Private Funds (e.g. Institutional Operating Funds Amount Above Standard Benefit \$322,550 \$tandard Benefit \$322,550 \$tandard Benefit \$2,035 \$tandard Benefit \$2,035 \$tandard Benefit \$2,035 \$tandard Benefit \$24,000 \$tandard Benefit \$24,000 \$tandard Benefit \$20,000 \$tandard Benefit	Institutional Operating Funds Private Funds (e.g. Institution Foundations) Amount Above Standard Benefit Institutional Operating Funds \$322,550 \$322,550 \$322,550 \$7,554 \$6,936 \$2,035 \$2,244 \$545 \$521 \$24,000 \$45,000 \$15,317 \$16,011 \$20,000 \$0 \$20,000 \$300 \$0 \$14,400 \$660 \$360 Value \$360	Institutional Operating Funds Private Funds (e.g. Institution Amount Above Standard Benefit Private Funds (e.g. Institution \$322,550 \$322,550 \$322,550 \$7,554 \$6,936 \$2,035 \$2,244 \$545 \$521 \$24,000 \$45,000 \$15,317 \$16,011 \$20,000 \$0 \$20,000 \$0 \$20,000 \$360 Yalue Yalue	

Other Compensation:

	FY 2	017 Actual Expendit	ures	FY 2018 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing			\$23,556			\$23,556	
Utilities Housing allowance (provided for private rent/lease/purchase)	\$7,648			\$8,170			
Housekeeper	\$8,060			\$5,355			
Custodian, groundskeeper	\$8,393			\$6,043			
Insurance for personal property							
Entertainment	\$4,788	\$1,801		\$1,500	\$2,000		
Automobile Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage							
Professional development	\$2,732	\$12		\$800			
Expense for spouse/family to attend meetings		\$563			\$25		
Club/other memberships	\$75			\$75			
Other (fuel for university car)	\$2,738			\$2,000			
	-						
TOTAL	\$34,434	\$2,376	\$23,556	\$23,943	\$2,025	\$23,556	

Name: Mun Choi - President (start date 3/1/2017)

Institution: University of Missouri System

Contact Person: Debora Hulett, Lead Compensation Consultant

Phone: 573-884-2021

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	tures	FY 2018 Estimated Expenditures			
		Private Funds (e.g.			Private Funds (e.g.		
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$176,667			\$530,000			
Medical/dental/vision insurance for self	\$1,531			\$4,665			
Medical/dental/vision insurance for spouse/family	\$2,431			\$7,468			
Long-term disability for self	\$99			\$276			
Deferred compensation	\$16,667			\$50,000			
Retirement benefit	\$12,738			\$35,245			
Other (please specify)							
Employer paid life insurance	\$514			\$612			
Additional life insurance	Value						
Annuity	Value						
			ľ				
	6240.515	4.0	4.5	6000 000		4.5	
TOTAL	\$210,646	\$0	\$0	\$628,266	\$0	\$0	

Other Compensation:

	FY 2	017 Actual Expendi	tures	FY 201	FY 2018 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)		
Housing								
Utilities Housing allowance (provided for private rent/lease/purchase)								
Housekeeper								
Custodian, groundskeeper								
Insurance for personal property								
Entertainment								
Automobile Automobile allowance (provided for private lease/purchase)	\$5,833			\$17,500				
Automobile repair/maintenance/mileage Professional development								
Expense for spouse/family to attend meetings								
Club/other memberships								
Other (457F longevity compensation)	\$16,667			\$50,000				
ER Contribution to 401(a)	\$8,833			\$51,667				
TOTAL	\$31,333	\$0	\$0	\$119,167	\$0	\$0		

Name: Michael Middleton - President (interim through 2/28/2017)

Institution: University of Missouri System

Contact Person: Debora Hulett, Lead Compensation Consultant

Phone: 573-884-2021

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendi	tures	FY 2018 Estimated Expenditures			
		Private Funds (e.g.			Private Funds (e.g.		
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$318,362						
Medical/dental/vision insurance for self	\$3,889						
Medical/dental/vision insurance for spouse/family							
Long-term disability for self	\$222						
Deferred compensation	\$16,667						
Retirement benefit	\$39,173						
Other (please specify)							
Employer paid life insurance	\$90						
Additional life insurance	Value		L		L	I	
Annuity	Value						
TOTAL	\$378,403	\$0	\$0	\$0	\$0	\$0	

Other Compensation:

	FY 2	017 Actual Expendi	tures	FY 201	FY 2018 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)	\$33,600						
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)	\$11,525						
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
ER Contribution to 401(a)	\$0						
TOTAL	\$45,125	\$0	\$0	\$0	\$0	\$0	

Name: C. Mauli Agrawal - Chancellor (start date 6/1/2018)

Institution: University of Missouri System

Contact Person: Debora Hulett, Lead Compensation Consultant

Phone: 573-884-2021

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 201	FY 2018 Estimated Expenditures			
		Private Funds (e.g.			Private Funds (e.g.			
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary				\$33,333				
Medical/dental/vision insurance for self				\$395				
Medical/dental/vision insurance for spouse/family								
Long-term disability for self				\$21				
Deferred compensation								
Retirement benefit				\$2,000				
Other (please specify)								
Employer paid life insurance				\$48				
Additional life insurance	Value							
Annuity	Value							
						1		
TOTAL	\$0	\$0	\$0	\$35,797	\$0	\$0		

Other Compensation:

	FY 2	017 Actual Expendi	tures	FY 201	FY 2018 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)				\$1,250			
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)				\$1,250			
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (457F Continuity Comp)							
ER Contribution to 401(a)				\$667			
TOTAL	\$0	\$0	\$0	\$3,167	\$0	\$0	

Name: Henry Foley - Chancellor (interim through 5/4/2017)

Institution: University of Missouri-Columbia

Contact Person: Debora Hulett, Lead Compensation Consultant

Phone: 573-884-2021

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	tures	FY 201	FY 2018 Estimated Expenditures			
		Private Funds (e.g.			Private Funds (e.g.			
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$382,500							
Medical/dental/vision insurance for self	\$5,684							
Medical/dental/vision insurance for spouse/family	\$5,714							
Long-term disability for self	\$278							
Deferred compensation								
Retirement benefit	\$30,336							
Other (please specify)								
Employer paid life insurance	\$303							
Additional life insurance	Value							
Annuity	Value							
TOTAL	\$424,815	\$0	\$0	\$0	\$0	\$0		

Other Compensation:

	FY 2	017 Actual Expendi	tures	FY 201	FY 2018 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)	\$13,193						
Automobile repair/maintenance/mileage							
Professional development Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
ER Contribution to 401(a)	\$7,899						
TOTAL	\$21,093	\$0	\$0	\$0	\$0	\$0	

Name: Alexander Cartwright - Chancellor (hired 8/1/2017)

Institution: University of Missouri-Columbia

Contact Person: Debora Hulett, Lead Compensation Consultant

Phone: 573-884-2021

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendi	tures	FY 2018 Estimated Expenditures			
		Private Funds (e.g.			Private Funds (e.g.		
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary				\$444,583			
Medical/dental/vision insurance for self				\$4,282			
Medical/dental/vision insurance for spouse/family				\$6,860			
Long-term disability for self				\$251			
Deferred compensation				\$25,000			
Retirement benefit				\$29,565			
Other (please specify)							
Employer paid life insurance				\$561			
Additional life insurance	Value		I	L		L	
Annuity	Value						
TOTAL	\$0	\$0	\$0	\$511,102	\$0	\$0	

Other Compensation:

	FY 2	017 Actual Expendi	tures	FY 2018 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)				\$13,750			
Automobile repair/maintenance/mileage Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (457F continuity compensation)				\$25,000			
ER Contribution to 401(a)				\$20,962			
TOTAL	\$0	\$0	\$0	\$59,712	\$0	\$0	

Name: Leo Morton - Chancellor (retired 8/15/2017)

Institution: University of Missouri - Kansas City

Contact Person: Debora Hulett, Lead Compensation Consultant

Phone: 573-884-2021

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

al inds ,409 ,543 ,243 ,243 ,243 ,369	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit	Institutional Operating Funds \$38,176 \$2,435 \$2,235 \$99 \$99 \$9,576		Amount Above Standard Benefit
nds ,409 ,543 ,243 ,243			Operating Funds \$38,176 \$2,435 \$2,235 \$99	Foundations)	
,409 ,543 ,243 ;296	Foundations)	Standard Benefit	\$38,176 \$2,435 \$2,235 \$99		Standard Benefit
,543 ,243 5296			\$2,435 \$2,235 \$99		
,243 5296			\$2,235 \$99		
5296			\$99		
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					,948 \$0 \$0 \$52,549 \$0

Other Compensation:

	FY 2	017 Actual Expendi	tures	FY 2018 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)	\$57,300			\$19,100			
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)	\$15,229			\$5,119			
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
ER Contribution to 401(a)	\$54,000			\$45,000			
TOTAL	\$126,529	\$0	\$0	\$69,219	\$0	\$0	

Name: Barbara Bichelmeyer - Chancellor (interim 8/15/17 - 6/19/2018)

Institution: University of Missouri - Kansas City

Contact Person: Debora Hulett, Lead Compensation Consultant

Phone: 573-884-2021

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendi	tures	FY 2018 Estimated Expenditures			
		Private Funds (e.g.			Private Funds (e.g.		
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary				\$291,667			
Medical/dental/vision insurance for self				\$4,282			
Medical/dental/vision insurance for spouse/family				\$3,732			
Long-term disability for self				\$251			
Deferred compensation							
Retirement benefit				\$21,238			
Other (please specify)							
Employer paid life insurance				\$347			
Additional life insurance	Value						
Annuity	Value						
						1	
TOTAL	\$0	\$0	\$0	\$321,517	\$0	\$0	

Other Compensation:

	FY 2	017 Actual Expendi	tures	FY 2018 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)				\$4,646			
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
ER Contribution to 401(a)				\$13,216			
TOTAL	\$0	\$0	\$0	\$17,861	\$0	\$0	

Name: Christopher Maples - Chancellor (interim started 5/15/2017)

Institution: Missouri University of Science & Technology (Rolla)

Contact Person: Debora Hulett, Lead Compensation Consultant

Phone: 573-884-2021

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	tures	FY 2018 Estimated Expenditures			
		Private Funds (e.g.			Private Funds (e.g.		
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$34,375			\$275,000			
Medical/dental/vision insurance for self	\$766			\$4,665			
Medical/dental/vision insurance for spouse/family	\$666			\$4,065			
Long-term disability for self	\$49			\$276			
Deferred compensation							
Retirement benefit	\$2,586			\$18,288			
Other (please specify)							
Employer paid life insurance	\$33			\$199			
Additional life insurance	Value		<u> </u>				
Annuity	Value						
			Ī			ľ	
	4			4			
TOTAL	\$38,475	\$0	\$0	\$302,493	\$0	\$0	

Other Compensation:

	FY 2	017 Actual Expendi	tures	FY 2018 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)	\$1,000			\$12,000			
Automobile repair/maintenance/mileage Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
ER Contribution to 401(a)	\$717			\$13,750			
TOTAL	\$1,717	\$0	\$0	\$25,750	\$0	\$0	

Name: Cheryl Schrader - Chancellor (term 7-1-2017)

Institution: Missouri University of Science & Technology (Rolla)

Contact Person: Debora Hulett, Lead Compensation Consultant

Phone: 573-884-2021

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendi		FY 2018 Estimated Expenditures			
		Private Funds (e.g.			Private Funds (e.g.		
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$334,950						
Medical/dental/vision insurance for self	\$4,725						
Medical/dental/vision insurance for spouse/family	\$7,534						
Long-term disability for self	\$296						
Deferred compensation							
Retirement benefit	\$40,327						
Other (please specify)							
Employer paid life insurance	\$33						
Additional life insurance	Value			1		1	
Annuity	Value						
TOTAL	\$387,865	\$0	\$0	\$0	\$0	\$0	

Other Compensation:

	FY 2	017 Actual Expendi	tures	FY 2018 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)	\$27,380					
Housekeeper						
Custodian, groundskeeper Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$14,995					
Automobile repair/maintenance/mileage Professional development Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
ER Contribution to 401(a)	\$51,000					
TOTAL	\$93,375	\$0	\$0	\$0	\$0	\$0

Name: Thomas George - Chancellor

Institution: University of Missouri - St. Louis

Contact Person: Debora Hulett, Lead Compensation Consultant

Phone: 573-884-2021

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	tures	FY 2018 Estimated Expenditures			
		Private Funds (e.g.			Private Funds (e.g.		
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$319,802			\$319,802			
Medical/dental/vision insurance for self	\$6,843			\$7,497			
Medical/dental/vision insurance for spouse/family							
Long-term disability for self	\$296			\$257			
Deferred compensation							
Retirement benefit	\$35,594			\$33,771			
Other (please specify)							
Employer paid life insurance	\$81			\$63			
Additional life insurance	Value						
		,					
Annuity	Value						
TOTAL	\$362,616	\$0	\$0	\$361,390	\$0	\$0	

Other Compensation:

	FY 2	017 Actual Expendi	tures	FY 2018 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
ER Contribution to 401(a)	\$54,000			\$54,000			
TOTAL	\$54,000	\$0	\$0	\$54,000	\$0	\$0	

Public Two-Year Colleges

Name: Jennifer Methvin

Institution: Crowder College

Contact Person: Amy Rand

Phone: <u>417-455-5533</u>

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 2018 Estimated Expenditures			
		Private Funds (e.g.			Private Funds (e.g.		
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$161,569			\$163,993			
Medical/dental/vision insurance for self	\$6,670			\$6,720			
Medical/dental/vision insurance for spouse/family							
Long-term disability for self							
Deferred compensation							
Retirement benefit	\$24,395			\$24,753			
Other (please specify)							
Additional life insurance	Value						
Annuity	Value						
	Value						
	4						
TOTAL	\$192,634	\$0	\$0	\$195,466	\$0	\$0	

Other Compensation:

	FY 2	017 Actual Expendit	tures	FY 20:	18 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships	\$15			\$15		
Other (please specify)						
TOTAL	\$15	\$0	\$0	\$15	\$0	\$0

Name:	Dr. Carl (Jon) Bauer
Institution:	East Central College
Contact Person:	Annette Moore
Phone:	636-584-6704

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 201	8 Estimated Expen	ditures
		Private Funds (e.g.			Private Funds (e.g.	
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$150,242			\$151,742		
Medical/dental/vision insurance for self	\$7,370			\$7,664		
Medical/dental/vision insurance for spouse/family	\$7,236			\$7,527		
Long-term disability for self	\$242			\$242		
Deferred compensation						
Retirement benefit	\$22,854			\$23,114		
Misc entertainment		\$3,632			\$4,500	
Travel	\$6,000			\$6,000		
H.S.A	\$5,200			\$5,200		
Life Insurance	\$122			\$122		
Additional life insurance	Value					
** The College Provides \$100k Basic Life - Dr. Bauer	purchased an addi	tional \$140,000.00 -	2017			
Annuity	Value					
TOTAL	\$199,266	\$3,632	\$0	\$201,612	\$4,500	\$0

Other Compensation:

	FY 2	017 Actual Expendit	tures	FY 202	18 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development Expense for spouse/family to attend meetings Club/other memberships Other (please specify)						
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0

Name: Dr. Ray Cummiskey, President

Institution: Jefferson College

Contact Person: Daryl Gehbauer, Vice President Finance and Administration

Phone: (636)481-3120

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 201	18 Estimated Expen	ditures
		Private Funds (e.g.			Private Funds (e.g.	
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$217,889			\$217,889		
Medical/dental/vision insurance for self	\$6,138			\$6,692		
Medical/dental/vision insurance for spouse/family	\$0			\$0		
Long-term disability for self	\$236			\$236		
Deferred compensation	\$0			\$0		
Retirement benefit	\$32,742			\$32,832		
Other (please specify) Insurance Reimbursement	\$1,780			\$1,845		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$258,785	\$0	\$0	\$259,494	\$0	\$0

Other Compensation:

	FY 2	017 Actual Expendit	tures	FY 202	18 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0

Name: Mark James (7/1/16-6/30/17)

Institution: Metropolitan Community College - Chancellor

Contact Person: Patricia Amick

Phone: 816-604-1130

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 201	8 Estimated Expen	ditures
		Private Funds (e.g.			Private Funds (e.g.	
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$251,256			\$251,256		
Medical/dental/vision insurance for self	\$10,203					
Medical/dental/vision insurance for spouse/family	\$0					
Long-term disability for self	\$882					
Deferred compensation						
Retirement benefit	\$36,432					
Other (please specify)						
403b	\$1,000					
Life Insurance	\$1,814		\$605			
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$301,587	\$0	\$605	\$251,256	\$0	\$0

Other Compensation:

	FY 2	017 Actual Expendit	tures	FY 202	18 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$3,353			\$0		
Automobile repair/maintenance/mileage Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships Other (please specify)						
TOTAL	\$3,353	\$0	\$0	\$0	\$0	\$0

Name: Kimberly Beatty - Hire Date - 6/26/17

Institution: Metropolitan Community College - Chancellor

Contact Person: Patricia Amick

Phone: 816-604-1130

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 201	FY 2018 Estimated Expenditures			
		Private Funds (e.g.			Private Funds (e.g.			
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary				\$263,542				
Medical/dental/vision insurance for self				\$9,558				
Medical/dental/vision insurance for spouse/family				\$4,410				
Long-term disability for self				\$966				
Deferred compensation								
Retirement benefit				\$39,875				
Other (please specify)								
403b				\$0				
Life Insurance				\$2,148		\$720		
Additional life insurance	Value							
Annuity	Value							
			r F		, in the second s			
TOTAL	\$0	\$0	\$0	\$320,499	\$0	\$720		

Other Compensation:

	FY 2	017 Actual Expendit	tures	FY 202	18 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment					\$3,600	
Automobile Automobile allowance (provided for private lease/purchase)				\$10,500		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$0	\$0	\$0	\$10,500	\$3,600	\$0

Name: Michael Banks (7/1/17 - 12/31/17 transitioned to another role)

Institution: Metropolitan Community College - Blue River Campus Contact Person: Patricia Amick Phone: 816-604-1130

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 201	8 Estimated Expen	ditures
		Private Funds (e.g.			Private Funds (e.g.	
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	168,011			\$85,266		
Medical/dental/vision insurance for self	\$8,470			\$4,235		
Medical/dental/vision insurance for spouse/family	\$10,327			\$5,295		
Long-term disability for self	\$630			\$354		
Deferred compensation						
Retirement benefit	\$24,362			\$12,363		
Other (please specify)						
403b	\$1,000			\$500		
Life Insurance	\$1,212		\$403	\$1,228		\$408
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$214,012	\$0	\$403	\$109,241	\$0	\$408

Other Compensation:

	FY 2	017 Actual Expendit	ures	FY 20:	18 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$7,200			\$7,200		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$7,200	\$0	\$0	\$7,200	\$0	\$0

Name: Jackie Gill

Institution: Metropolitan Community College - Business & Technology/Blue River campuses (effective 1/1/18)

Contact Person: Patricia Amick

Phone: 816-604-1130

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2017 Actual Expenditures			FY 201	18 Estimated Expen	ditures
		Private Funds (e.g.			Private Funds (e.g.	
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$151,000			\$157,795		
Medical/dental/vision insurance for self	\$8,470			\$8,732		
Medical/dental/vision insurance for spouse/family	\$0			\$0		
Long-term disability for self	\$634			\$588		
Deferred compensation						
Retirement benefit	\$21,895			\$22,880		
Other (please specify)						
403b	\$1,000			\$1,000		
Life Insurance	\$1,087		\$362	\$1,224		\$411
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$184,086	\$0	\$362	\$192,219	\$0	\$411

Other Compensation:

	FY 2	017 Actual Expendit	ures	FY 201	18 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$7,200			\$7,200		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$7,200	\$0	\$0	\$7,200	\$0	\$0

Name: Kirk Nooks

Institution: Metropolitan Community College - Longview campus

Contact Person: Patricia Amick

Phone: 816-604-1130

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2017 Actual Expenditures			FY 201	8 Estimated Expen	ditures
		Private Funds (e.g.			Private Funds (e.g.	
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$159,396			\$161,787		
Medical/dental/vision insurance for self	\$8,470			\$8,732		
Medical/dental/vision insurance for spouse/family	\$10,327			\$11,653		
Long-term disability for self	\$588			\$588		
Deferred compensation						
Retirement benefit	\$23,112			\$23,459		
Other (please specify)						
403b	\$0			\$0		
Life Insurance	\$1,150		\$384	\$1,260		\$422
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$203,043	\$0	\$384	\$207,479	\$0	\$422

Other Compensation:

	FY 2	017 Actual Expendit	tures	FY 20:	18 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$7,200			\$7,200		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$7,200	\$0	\$0	\$7,200	\$0	\$0

Name: Utpal Goswami

Institution: Metropolitan Community College - Maple Woods Campus

Contact Person: Patricia Amick

Phone: 816-604-1130

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2017 Actual Expenditures			FY 201	L8 Estimated Expen	FY 2018 Estimated Expenditures			
		Private Funds (e.g.			Private Funds (e.g.				
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above			
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit			
Base salary	\$164,659			\$167,129					
Medical/dental/vision insurance for self	\$8,470			\$8,732					
Medical/dental/vision insurance for spouse/family	\$6,317			\$7,173					
Long-term disability for self	\$588			\$609					
Deferred compensation									
Retirement benefit	\$23,876			\$24,234					
Other (please specify)									
403b	\$1,000			\$1,000					
Life Insurance	\$1,186		\$396	\$1,307		\$437			
Additional life insurance	Value								
Annuity	Value								
TOTAL	\$206,096	\$0	\$396	\$210,184	\$0	\$437			

Other Compensation:

	FY 2	017 Actual Expendit	tures	FY 2018 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)	\$7,200			\$7,200			
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$7,200	\$0	\$0	\$7,200	\$0	\$0	

Name: Joe Seabrooks (7/1/16-10/12/16)

Institution: Metropolitan Community College - Penn Valley Campus

Contact Person: Patricia Amick

Phone: 816-604-1130

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2017 Actual Expenditures			FY 201	8 Estimated Expen	ditures
		Private Funds (e.g.			Private Funds (e.g.	
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$53,259					
Medical/dental/vision insurance for self	\$2,735					
Medical/dental/vision insurance for spouse/family	\$3,530					
Long-term disability for self	\$224					
Deferred compensation						
Retirement benefit	\$7,723					
Other (please specify)						
403b	\$536					
Life insurance	\$1,152		\$384			
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$69,159	\$0	\$384	\$0	\$0	\$0

Other Compensation:

	FY 2	017 Actual Expendit	ures	FY 201	18 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$2,400					
Automobile repair/maintenance/mileage						
Professional development Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$2,400	\$0	\$0	\$0	\$0	\$0

Name: Tyjaun Lee (started 8/3/17)

Institution: Metropolitan Community College - Penn Valley Campus

Contact Person: Patricia Amick

Phone: 816-604-1130

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	tures	FY 201	FY 2018 Estimated Expenditures			
		Private Funds (e.g.			Private Funds (e.g.			
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary				\$147,171				
Medical/dental/vision insurance for self				\$9,558				
Medical/dental/vision insurance for spouse/family				\$0				
Long-term disability for self				\$588				
Deferred compensation								
Retirement benefit				\$21,340				
Other (please specify)								
403b				\$0				
Life Insurance				\$1,151		\$385		
Additional life insurance	Value							
	Value							
Annuity	Value							
			T T		, in the second s			
TOTAL	\$0	\$0	\$0	\$179,808	\$0	\$385		

Other Compensation:

	FY 2	017 Actual Expendit	ures	FY 2018 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)				\$7,200			
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$0	\$0	\$0	\$7,200	\$0	\$0	

Name: Steven Kurtz

Institution: Mineral Area College

Contact Person: Sarah Dement

Phone: 573-518-2129

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 201	18 Estimated Expen	ditures
		Private Funds (e.g.			Private Funds (e.g.	
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$177,236			\$182,449		
Medical/dental/vision insurance for self	\$7,186			\$7,494		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$200			\$180		
Deferred compensation	\$25,000			\$27,000		
Retirement benefit	\$26,727			\$27,542		
Other (please specify)						
Mid-Year Merit	\$101			\$101		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$236,451	\$0	\$0	\$244,766	\$0	\$0

Other Compensation:

	FY 2	017 Actual Expendit	tures	FY 2018 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile	\$5,350			\$5,350		
Automobile allowance (provided for private lease/purchase)	\$1,552			\$1,552		
Automobile repair/maintenance/mileage	\$438			\$384		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
Cell Phone	\$1,100			\$1,200		
TOTAL	\$8,439	\$0	\$0	\$8,486	\$0	\$0

Name: Jeffery C. Lashley

Institution: Moberly Area Community College

Contact Person: Ann Parks

Phone: <u>660 263 4100 ext. 11272</u>

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 201	L8 Estimated Expen	ditures
		Private Funds (e.g.			Private Funds (e.g.	
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$171,000			\$175,790		
Medical/dental/vision insurance for self	\$7,501		\$180	\$6,624		\$360
Medical/dental/vision insurance for spouse/family	\$12,055		\$10,290	\$11,580		\$9,929
Long-term disability for self	\$0			\$0		\$0
Deferred compensation	\$0			\$0		\$0
Retirement benefit	\$25,883			\$26,450		\$0
Other (please specify)						
Basic life \$20,000, ADD \$20,000	\$28			\$28		\$0
Additional life insurance	Value					
Annuity	Value	,				
			I			
TOTAL	\$216,466	\$0	\$10,470	\$220,472	\$0	\$10,289

Other Compensation:

	FY 2	017 Actual Expendit	tures	FY 2018 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$9,000			\$9,000		
Automobile repair/maintenance/mileage Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
Cell phone	\$779			\$859		
TOTAL	\$9,779	\$0	\$0	\$9,859	\$0	\$0

Name: Dr. Lenny Klaver

Institution: North Central Missouri College

Contact Person: Tyson Otto

Phone: <u>660-359-3948, ext 1500</u>

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 202	FY 2018 Estimated Expenditures			
		Private Funds (e.g.			Private Funds (e.g.			
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$145,580			\$145,580				
Medical/dental/vision insurance for self	\$5,835			\$5,911				
Medical/dental/vision insurance for spouse/family								
Long-term disability for self								
Deferred compensation								
Retirement benefit	\$21,955			\$21,966				
Other (please specify)								
Life Insurance	\$114			\$114				
Additional life insurance	Value		<u> </u>	<u> </u>	<u> </u>	<u> </u>		
	\$50,000							
Annuity	Value							
			T.	T.	T.	I		
TOTAL	\$173,484	\$0	\$0	\$173,571	\$0	\$0		

Other Compensation:

	FY 2	017 Actual Expendit	tures	FY 202	FY 2018 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)		
Housing								
Utilities Housing allowance (provided for private rent/lease/purchase)								
Housekeeper								
Custodian, groundskeeper								
Insurance for personal property								
Entertainment		\$1,200			\$1,200			
Automobile Automobile allowance (provided for private lease/purchase)	\$8,000			\$8,000				
Automobile repair/maintenance/mileage	\$11,679			\$18,974				
Professional development								
Expense for spouse/family to attend meetings								
Club/other memberships	\$565			\$315				
Other (please specify)								
Phone Stipend	\$720			\$720				
Medical Allowance	\$0			\$500				
Moving Expenses								
TOTAL	\$20,964	\$1,200	\$0	\$28,509	\$1,200	\$0		

Name: Dr. Hal Higdon

Institution: Ozarks Technical Community College

Contact Person: 417-447-4842

Phone: Marla Moody

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 201	FY 2018 Estimated Expenditures			
		Private Funds (e.g.			Private Funds (e.g.			
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$251,402			\$254,224				
Medical/dental/vision insurance for self	\$6,342			\$6,637				
Medical/dental/vision insurance for spouse/family	\$2,758		\$2,758					
Long-term disability for self	\$130			\$130				
Deferred compensation								
Retirement benefit	\$42,448			\$43,045				
Other (please specify)								
Group Term Life Insurance	\$102			\$102				
Health and Wellness Center	\$600			\$624				
403b	\$23,000		\$23,000	\$24,000		\$24,000		
Additional life insurance	Value							
Annuity	Value							
			I					
TOTAL	\$326,782	\$0	\$25,758	\$328,762	\$0	\$24,000		

Other Compensation:

	FY 2	017 Actual Expendit	ures	FY 202	FY 2018 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)		
Housing								
Utilities								
Housing allowance (provided for private rent/lease/purchase)								
Housekeeper								
Custodian, groundskeeper								
Insurance for personal property								
Entertainment								
Automobile Automobile allowance (provided for private lease/purchase)	\$12,000			\$12,000				
Automobile repair/maintenance/mileage	\$915			\$1,079				
Professional development								
Expense for spouse/family to attend meetings								
Club/other memberships	\$420	\$15,000						
Other (please specify)								
TOTAL	\$13,335	\$15,000	\$0	\$13,079	\$0	\$0		

Name: Dr. Jeffrey Jochems

Institution: Ozarks Technical Community College - Richwood Valley Campus

Contact Person: 417-447-4842

Phone: Marla Moody

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 201	18 Estimated Expen	ditures
		Private Funds (e.g.			Private Funds (e.g.	
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$136,356			\$138,680		
Medical/dental/vision insurance for self	\$6,535			\$6,873		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$130			\$130		
Deferred compensation						
Retirement benefit	\$20,715			\$21,105		
Other (please specify)						
Group Term Life Insurance	\$102			\$102		
Health and Wellness Center	\$600			\$624		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$164,438	\$0	\$0	\$167,514	\$0	\$0

Other Compensation:

	FY 2	017 Actual Expendit	tures	FY 2018 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage	\$1,469			\$1,672			
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$1,469	\$0	\$0	\$1,672	\$0	\$0	

Name: Dr. Cliff Davis

Institution: Ozarks Technical Community College - Table Rock Campus

Contact Person: (417) 447-4842

Phone: Marla Moody

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 201	8 Estimated Expen	ditures
		Private Funds (e.g.			Private Funds (e.g.	
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$136,356			\$138,680		
Medical/dental/vision insurance for self	\$6,342			\$6,637		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$130			\$130		
Deferred compensation						
Retirement benefit	\$20,715			\$21,071		
Other (please specify)						
Group Term Life Insurance	\$102			\$102		
Health and Wellness Center	\$600			\$624		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$164,245	\$0	\$0	\$167,244	\$0	\$0

Other Compensation:

	FY 2	017 Actual Expendit	ures	FY 2018 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$9,600			\$9,600		
Automobile repair/maintenance/mileage	\$2,889			\$2,055		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$12,489	\$0	\$0	\$11,655	\$0	\$0

Name: Todd Galbierz - Interim President (3/22/2016-8/9/2016)

Institution: St. Charles Community College

Contact Person: Jessica Trimborn

Phone: 636-922-8320

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 20:	FY 2018 Estimated Expenditures			
		Private Funds (e.g.			Private Funds (e.g.			
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$23,550							
Medical/dental/vision insurance for self								
Medical/dental/vision insurance for spouse/family								
Long-term disability for self								
Deferred compensation								
Retirement benefit	\$3,564							
Other (please specify)								
Additional life insurance	Value							
	value							
Annuity	Value							
TOTAL	\$27,114	\$0	\$0	\$0	\$0	\$0		

Other Compensation:

	FY 2	017 Actual Expendit	ures	FY 201	FY 2018 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities Housing allowance (provided for private rent/lease/purchase) Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)	\$900						
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$900	\$0	\$0	\$0	\$0	\$0	

Name: Barbara Kavalier (8/10/2016 - present)

Institution: <u>St. Charles Community College</u> Contact Person: <u>Jessica Trimborn</u> Phone: <u>636-922-8320</u>

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 201	18 Estimated Expen	FY 2018 Estimated Expenditures			
		Private Funds (e.g.			Private Funds (e.g.				
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above			
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit			
Base salary	\$189,415			\$220,320					
Medical/dental/vision insurance for self									
Medical/dental/vision insurance for spouse/family									
Long-term disability for self									
Deferred compensation									
Retirement benefit	\$28,715			\$33,125					
Other (please specify)									
Additional life insurance	Value								
Annuity	Value	,							
			l I						
TOTAL	\$218,131	\$0	\$0	\$253,445	\$0	\$0			

Other Compensation:

	FY 2	017 Actual Expendit	ures	FY 2018 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)	\$6,000					
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$6,600			\$8,400		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
Business Allowance				\$1,560		
Cell Phone	\$1,365					
Relocation Expense	\$8,485					
TOTAL	\$22,450	\$0	\$0	\$9,960	\$0	\$0

Name: Jeff Pittman, Chancellor

Institution: <u>St Louis Community College</u> Contact Person: <u>Ron Portman, Payroll Supervisor</u>

Phone: 314-539-5208

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 201	8 Estimated Expen	ditures
		Private Funds (e.g.			Private Funds (e.g.	
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$265,850			\$267,800		
Medical/dental/vision insurance for self	\$36			\$37		
Medical/dental/vision insurance for spouse/family	\$29			\$30		
Long-term disability for self	\$277			\$299		
Deferred compensation						
Retirement benefit	\$40,163			\$38,708		
Other (please specify)						
403(b)			\$18,000			\$18,000
Additional life insurance	Value		I	1		
Annuity	Value					
			I	Le la companya de la		
TOTAL	\$306,355	\$0	\$18,000	\$306,874	\$0	\$18,000

Other Compensation:

	FY 2	017 Actual Expendit	ures	FY 2018 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing	\$24,000			\$24,000		
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$11,100			\$11,100		
Automobile repair/maintenance/mileage Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$35,100	\$0	\$0	\$35,100	\$0	\$0

Name: Dr. Joanna Anderson

Institution: State Fair Community College

Contact Person: Garry Sorrell

Phone: (660) 596-7301

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 201	FY 2018 Estimated Expenditures			
		Private Funds (e.g.			Private Funds (e.g.			
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$166,060			\$173,364				
Medical/dental/vision insurance for self	\$5,335			\$7,248				
Medical/dental/vision insurance for spouse/family								
Long-term disability for self								
Deferred compensation								
Retirement benefit	\$24,852			\$26,189				
Other (please specify) Life insurance	\$198			\$129				
Additional life insurance	Value							
Annuity	Value							
TOTAL	\$196,446	\$0	\$0	\$206,929	\$0	\$0		

Other Compensation:

	FY 2	017 Actual Expendit	ures	FY 2018 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing	\$6,804					
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$4,800			\$4,800		
Automobile repair/maintenance/mileage Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify) Cell phone stipend	\$1,200			\$1,200		
TOTAL	\$12,804	\$0	\$0	\$6,000	\$0	\$0

Name: Dr. Wesley Payne

Institution: Three Rivers College

Contact Person: Anita Freeman

Phone: 573-840-9105

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2	017 Actual Expendit	ures	FY 201	8 Estimated Expen	ditures
		Private Funds (e.g.			Private Funds (e.g.	
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$182,954			\$182,954		
Medical/dental/vision insurance for self	\$6,556			\$5,952		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self						
Deferred compensation						
Retirement benefit	\$27,476			\$27,388		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
			l l l	l l l		
ΤΟΤΑΙ	\$216.086	Śŋ	Śŋ	\$216.204	Śŋ	\$0
TOTAL	\$216,986	\$0	\$0	\$216,294	\$0	

Other Compensation:

	FY 2	017 Actual Expendit	ures	FY 2018 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing	\$12,000			\$12,000		
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$664			\$670		
Automobile repair/maintenance/mileage Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
Cell Phone	\$936			\$950		
TOTAL	\$13,600	\$0	\$0	\$13,620	\$0	\$0

State Technical College

Name: Dr. Shawn Strong

Institution: State Technical College of Missouri

Contact Person: Jenny Jacobs

Phone: 573-897-5147

Direct Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

	FY 2017 Actual Expenditures			FY 2018 Estimated Expenditures			
		Private Funds (e.g.			Private Funds (e.g.		
	Institutional	Institution	Amount Above	Institutional	Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$180,000			\$180,000			
Medical/dental/vision insurance for self	\$6,870			\$6,410			
Medical/dental/vision insurance for spouse/family	\$0			\$0			
Long-term disability for self	\$990			\$990			
Deferred compensation							
Retirement benefit	\$30,546			\$35,010			
Other (please specify)							
Additional life insurance	Value						
Annuity	Value						
TOTAL	\$218,406	\$0	\$0	\$222,410	\$0	\$0	

Other Compensation:

	FY 2	FY 2017 Actual Expenditures			FY 2018 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)		
Housing								
Utilities								
Housing allowance (provided for private rent/lease/purchase)	\$13,308			\$4,436				
Housekeeper								
Custodian, groundskeeper								
Insurance for personal property								
Entertainment								
Automobile Automobile allowance (provided for private lease/purchase)	\$5,600			\$5,600				
Automobile repair/maintenance/mileage	\$1,200			\$1,200				
Professional development								
Expense for spouse/family to attend meetings								
Club/other memberships								
Other (please specify)								
moving expense included in gross pay	\$1,050			\$0				
TOTAL	\$21,158	\$0	\$0	\$11,236	\$0	\$0		