

June 2019

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Public Four-Year Universities

Name: DR. DWAUN J. WARMACK

Institution: HARRIS-STOWE STATE UNIVERISTY

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 2018 Actual Expenditures			FY 2019 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			\$252,000			
Medical/dental/vision insurance for self							
Medical/dental/vision insurance for spouse/family	\$23,000			\$23,658			
Long-term disability for self	\$285			\$285			
Deferred compensation	\$10,000			\$10,000			
Retirement benefit	\$48,627			\$50,929			
Other (please specify)							
Life Insurance	\$187			\$187			
A D and D Insurance	\$21			\$21			
Additional life insurance	Value						
Annuity	Value						
TOTAL	\$319,906	\$0	\$0	\$337,080	\$0	\$0	

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 2019 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			\$50,000			
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							
Other (please specify)							
Annuity	\$18,000			\$18,000			
TOTAL	\$58,000	\$0	\$0	\$68,000	\$0	\$0	

Name: Dr. Jerald Woolfolk

Institution: <u>Lincoln University</u> Contact Person: <u>Tyanna L. Scott</u>

Phone: 573-681-5019

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 2018 Actual Expenditures			FY 2019 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	\$240,000						
Medical/dental/vision insurance for self	\$6,266						
Medical/dental/vision insurance for spouse/family							
Long-term disability for self	\$1,320						
Deferred compensation							
Retirement benefit	\$48,504						
Other (please specify) Basic Life	\$1,032						
Additional life insurance	Value						
Annuity	\$20,000						
Annuty							
TOTAL	\$297,122	\$0	\$0	\$0	\$0	\$0	

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 2019 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)	\$6,600						
Automobile repair/maintenance/mileage							
Professional development Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$6,600	\$0	\$0	\$0	\$0	\$0	

Name: Dr. Alan Marble

Institution: Missouri Southern State University

Contact Person: Evan Jewsbury, Chief Human Resources Officer

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 2018 Actual Expenditures			FY 201	FY 2019 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	\$189,442			\$192,283				
Medical/dental/vision insurance for self	\$6,869			\$7,157				
Medical/dental/vision insurance for spouse/family	\$0			\$0				
Long-term disability for self	\$238			\$261				
Deferred compensation	\$48,000		\$48,000	\$48,000		\$48,000		
Retirement benefit	\$46,182			\$48,561				
Other (please specify)								
Basic Life and ADD	\$544			\$386				
GGOE Disbursement	\$750			\$1,062				
Additional life insurance	Value							
Annuity	Value							
TOTAL	\$292,025	\$0	\$48,000	\$297,710	\$0	\$48,000		

Other Compensation:

	FY 2	018 Actual Expendit	ures	FY 2019 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)							
	<u> </u>						
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0	

Name: Clif Smart

Institution: Missouri State Univeristy

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 2018 Actual Expenditures			FY 202	19 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	\$334,981			\$336,957		
Medical/dental/vision insurance for self						
Medical/dental/vision insurance for spouse/family	\$5,473			\$4,753		
Long-term disability for self						
Deferred compensation						
Retirement benefit						
Other (please specify)						
) (shus					
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$340,454	\$0	\$0	\$341,710	\$0	\$0

Other Compensation:

	FY 2	018 Actual Expendit	ures	FY 2019 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	\$1,440	\$5,820		\$900	\$5,820		
Other (please specify)							
TOTAL	\$41,440	\$5,820	\$0	\$40,900	\$5,820	\$0	

Name: Drew Bennett, Chancellor retired on June 30, 2018

Name: Shirley Lawler, Chancellor started on June 1, 2018

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 2018 Actual Expenditures			FY 2019 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	\$217,977			\$163,110			
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						
			L. L				
TOTAL	\$217,977	\$0	\$0	\$163,110	\$0	\$0	

Other Compensation:

	FY 2	018 Actual Expendit	ures	FY 201	19 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	\$1,046		\$577	\$12,550		\$6,923
Utilities Housing allowance (provided for private rent/lease/purchase)	\$305			\$3,659		
Housekeeper	\$200			\$2,400		
Custodian, groundskeeper	\$356			\$4,276		
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	\$2,778			\$1,415		
Other (please specify)						
TOTAL	\$28,685	\$0	\$577	\$24,300	\$0	\$6,923

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	018 Actual Expendit	ures	FY 20:	19 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	\$260,705					
Medical/dental/vision insurance for self	\$7,958					
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$320					
Deferred compensation						
Retirement benefit	\$56,094					
Other (please specify) Basic Life Insurance	\$831					
Other (please specify) Annunity	\$24,500					
_						
Additional life insurance	Value			L	I	
	\$522,000					
Annuity	Value					
	\$24,500		I	Ī	1	
						40
TOTAL	\$350,408	\$0	\$0	\$0	\$0	\$0

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 2019 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						
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						
Automobile repair/maintenance/mileage Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships	\$4,033						
Other (please specify)							
TOTAL	\$44,533	\$0	\$0	ŚO	\$0	\$0	

Name: Matthew Wilson

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	018 Actual Expendit	tures	FY 202	FY 2019 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				\$260,000				
Medical/dental/vision insurance for self				\$7,958				
Medical/dental/vision insurance for spouse/family								
Long-term disability for self				\$320				
Deferred compensation								
Retirement benefit				\$56,602				
Other (please specify) Basic Life Insurance				\$831				
Other (please specify) Annunity				\$24,500				
Additional life insurance								
Annuity								
TOTAL	\$0	\$0	\$0	\$350,211	\$0	\$0		

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 2019 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		
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		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships				\$5,000		
Other (please specify)						
TOTAL	\$0	\$0	\$0	\$45,500	\$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	018 Actual Expendit	ures	FY 2019 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			\$281,304			
Medical/dental/vision insurance for self	\$8,180			\$8,708			
Medical/dental/vision insurance for spouse/family	\$16,335			\$18,565			
Long-term disability for self	\$332			\$332			
Deferred compensation	\$20,000			\$20,000			
Retirement benefit	\$59,229			\$64,288			
Other (please specify) Basic Life Insurance (1x annual salary)	\$563			\$578			
Additional life insurance (Basic Life Insurance Value)	\$268,000					ļ	
Annuity	\$20,000	·					
TOTAL	\$372,359	\$0	\$0	\$393,775	\$0	\$0	

Other Compensation:

	FY	2018 Actual Expendit	ures	FY 20:	19 Estimated Expend	litures
	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			\$1,500			\$1,500
Other (please specify)			÷1,500			÷1,500
TOTAL	\$0	\$0	\$27,300	\$0	\$0	\$27,300

Name: Carlos Vargas-Aburto

Institution: Southeast Missouri State University

Contact Person: Melissia Coffee

Phone: (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	018 Actual Expendit	tures	FY 202	19 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	\$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	Value					
Annuity	\$30,000					
	\$30,000					
	6270.000	4.0		6270.000	4.5	4.0
TOTAL	\$278,000	\$0	\$0	\$278,000	\$0	\$0

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 2019 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	\$6,418			\$6,169		
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$7,074			\$7,074		
Automobile repair/maintenance/mileage Professional development	\$1,203			\$1,000		
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
Auto Insurance	\$1,206			\$1,149		
TOTAL	\$45,901	\$0	\$0	\$45,392	\$0	\$0

Name: Dr. Susan Thomas, President

Institution: Truman State University

Contact Person: Arletta Nelson, Assistant to the Vice President for Administration, Finance & Planning

Phone: (660) 785-7607

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	018 Actual Expendit	ures	FY 201	9 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	\$260,000			\$267,800		
Medical/dental/vision insurance for self	\$6,807			\$6,985		
Medical/dental/vision insurance for spouse/family	\$4,413			\$4,194		
Long-term disability for self	\$210			\$202		
Deferred compensation						
Retirement benefit	\$50,570			\$54,122		
Other (please specify)						
AD&D	\$36			\$35		
Life Insurance	\$132			\$130		
FICA/Medicare	\$11,973			\$12,118		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$334,141	\$0	\$0	\$345,586	\$0	\$0

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 20:	19 Estimated Expend	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	\$9,523			\$9,718		
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper	\$3,144			\$3,190		
Insurance for personal property	\$294			\$259		
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$2,970			\$3,000		
Automobile repair/maintenance/mileage	\$2,179			\$1,619		
Professional development Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$18,110	\$0	\$0	\$17,786	\$0	\$0

Name: Charles Ambrose (Tenure ended 8/31/18)

Institution: University of Central Missouri Contact Person: Lisa Miller Phone: <u>66</u>0-543-4406

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	018 Actual Expendit	ures	FY 20:	19 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	\$322,550			\$67,198		
Medical/dental/vision insurance for self	\$9,747			\$790		
Medical/dental/vision insurance for spouse/family	\$9,880			\$875		
Long-term disability for self	\$521			\$42		
Deferred compensation	\$0					
Retirement benefit	\$21,780			\$4,371		
Other (please specify)						
Car Allowance	\$13,800			\$3,000		
Additional life insurance	Value		<u> </u>	<u> </u>		
Annuity	Value					
	value					
TOTAL	\$378,278	\$0	\$0	\$76,276	\$0	\$0

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 202	19 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	\$8,291			\$2,422		
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper	\$5,355			\$1,105		
Custodian, groundskeeper	\$7,510					
Insurance for personal property						
Entertainment	\$1,637	\$4,445		\$34	\$328	
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development	\$760			\$507		
Expense for spouse/family to attend meetings		\$440				
Club/other memberships	\$75				\$141	
Other (please specify)	\$2,705			\$500		
TOTAL	\$26,333	\$4,885	\$0	\$4,568	\$469	\$0

Name: Roger Best (Interim 8/1/18, named President on 11/5/18)

Institution:	University of Central Missouri
Contact Person:	Lisa Miller
Phone:	660-543-4406

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	018 Actual Expendit	ures	FY 202	19 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				\$290,000		
Medical/dental/vision insurance for self				\$2,846		
Medical/dental/vision insurance for spouse/family				\$9,229		
Long-term disability for self				\$450		
Deferred compensation						
Retirement benefit				\$52,427		
Other (please specify)						
Car Allowance				\$12,000		
Additional life insurance	Value		<u> </u>	L	<u> </u>	L
Annuity	Value					
TOTAL	\$0	\$0	\$0	\$366,951	ŚO	\$0

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 2019 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				\$4,535			
Expense for spouse/family to attend meetings							
Club/other memberships				\$527			
Other (please specify)							
TOTAL	\$0	\$0	\$0	\$5,062	\$0	\$0	

Name: Mun Choi - President

10285408

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	018 Actual Expendit	tures	FY 2019 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	\$530,000			\$530,000			
Medical/dental/vision insurance for self	\$4,665			\$5,355			
Medical/dental/vision insurance for spouse/family	\$7,468			\$9,106			
Long-term disability for self	\$276			\$257			
Deferred compensation	\$50,000		\$50,000	\$50,000		\$50,000	
Retirement benefit	\$35,245			\$47,806			
Other (please specify)							
* ER Paid Life Insurance	\$612			\$612			
Additional life insurance							
Annuity		•					
TOTAL	\$628,266	\$0	\$50,000	\$643,135	\$0	\$50,000	

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 2019 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	Univ. provided			Univ. provided			
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)	\$17,684			\$17,867			
Automobile repair/maintenance/mileage Professional development							
Expense for spouse/family to attend meetings Club/other memberships							
Other (please specify)							
ER Contribution to 401(a)	\$19,583			\$55,000			
TOTAL	\$37,267	\$0	\$0	\$72,867	\$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	018 Actual Expendit	tures	FY 2019 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			\$493,000			
Medical/dental/vision insurance for self	\$4,282			\$5,037			
Medical/dental/vision insurance for spouse/family	\$6,860			\$8,458			
Long-term disability for self	\$251			\$257			
Deferred compensation	\$25,000		\$25,000	\$25,000		\$25,000	
Retirement benefit	\$29,565			\$44,348			
Other (please specify)							
* ER Paid Life Insurance	\$561			\$612			
Additional life insurance							
Annuity							
TOTAL	\$511,103	\$0	\$25,000	\$576,712	\$0	\$25,000	

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	018 Actual Expendit	tures	FY 2019 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	Univ. provided			Univ. provided			
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)	\$13,908			\$15,315			
Automobile repair/maintenance/mileage Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
ER Contribution to 401(a)	\$21,017			\$13,950			
TOTAL	\$34,925	\$0	\$0	\$29,265	\$0	\$0	

Name: Leo Morton - Chancellor (for period 7/1/17 - 8/15/17)

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 2018 Actual Expenditures			FY 2019 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	\$38,176			na			
Medical/dental/vision insurance for self	\$913			na			
Medical/dental/vision insurance for spouse/family	\$838			na			
Long-term disability for self	\$37			na			
Deferred compensation				na			
Retirement benefit	\$4,789			na			
Other (please specify)				na			
* ER Paid Life Insurance	\$11			na			
Additional life insurance							
Annuity							
TOTAL	\$44,765	\$0	\$0	\$0	\$0	ŚO	

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	018 Actual Expendit	tures	FY 202	19 Estimated Expend	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	\$19,100			na		
Utilities				na		
Housing allowance (provided for private rent/lease/purchase)				na		
Housekeeper				na		
Custodian, groundskeeper				na		
Insurance for personal property				na		
Entertainment				na		
Automobile				na		
Automobile allowance (provided for private lease/purchase)	\$5,119			na		
Automobile repair/maintenance/mileage				na		
Professional development				na		
Expense for spouse/family to attend meetings				na		
Club/other memberships				na		
Other (please specify)				na		
ER Contribution to 401(a)	\$45,000			na		
TOTAL	\$69,219	\$0	\$0	\$0	\$0	\$0

Name: Barbara Bichelmeyer - Chancellor (interim 8/15/17 -5/30/2018)

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	018 Actual Expendit	tures	FY 201	19 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	\$306,250			na		
Medical/dental/vision insurance for self	\$5,943			na		
Medical/dental/vision insurance for spouse/family	\$5,468			na		
Long-term disability for self	\$218			na		
Deferred compensation				na		
Retirement benefit	\$18,553			na		
Other (please specify)				na		
* ER Paid Life Insurance	\$300			na		
Additional life insurance						
Annuity						
TOTAL	\$336,732	\$0	\$0	\$0	\$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	018 Actual Expendit	tures	FY 2019 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				na			
Utilities				na			
Housing allowance (provided for private rent/lease/purchase)				na			
Housekeeper				na			
Custodian, groundskeeper				na			
Insurance for personal property				na			
Entertainment				na			
Automobile				na			
Automobile allowance (provided for private lease/purchase)	\$6,216			na			
Automobile repair/maintenance/mileage				na			
Professional development				na			
Expense for spouse/family to attend meetings				na			
Club/other memberships				na			
Other (please specify)				na			
ER Contribution to 401(a)	\$11,196			na			
TOTAL	\$17,412	\$0	\$0	\$0	\$0	\$0	

Name: C. Mauli Agrawal - Chancellor (start date 6/20/2018)

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	018 Actual Expendi	tures	FY 201	9 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	\$11,111			\$400,000		
Medical/dental/vision insurance for self				\$7,797		
Medical/dental/vision insurance for spouse/family				\$13,714		
Long-term disability for self				\$257		
Deferred compensation				\$20,000		\$20,000
Retirement benefit	\$928			\$37,433		
Other (please specify)						
* ER Paid Life Insurance				\$433		
Additional life insurance			I			
Annuity						
TOTAL	\$12,039	\$0	\$0	\$479,634	\$0	\$20,000

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	018 Actual Expendit	tures	FY 20:	FY 2019 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	\$1,250			\$12,500			
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)	\$1,250			\$12,500			
Automobile repair/maintenance/mileage Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
ER Contribution to 401(a)	\$139			\$19,713			
TOTAL	\$2,639	\$0	\$0	\$44,713	\$0	\$0	

Name: Christopher Maples - Chancellor (interim)

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	018 Actual Expendit	tures	FY 2019 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	\$275,000			\$280,000			
Medical/dental/vision insurance for self	\$4,665			\$5,037			
Medical/dental/vision insurance for spouse/family	\$4,065			\$4,497			
Long-term disability for self	\$276			\$257			
Deferred compensation							
Retirement benefit	\$18,288			\$25,181			
Other (please specify)							
* ER Paid Life Insurance	\$199			\$202			
Additional life insurance							
Annuity							
TOTAL	\$302,493	\$0	\$0	\$315,173	\$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	018 Actual Expendit	tures	FY 2019 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	Univ. provided			Univ. provided			
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)	\$12,565			\$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)	\$13,750			\$13,875			
TOTAL	\$26,315	\$0	\$0	\$25,875	\$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	018 Actual Expendit	tures	FY 2019 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			\$324,802			
Medical/dental/vision insurance for self	\$7,497			\$7,797			
Medical/dental/vision insurance for spouse/family							
Long-term disability for self	\$276			\$257			
Deferred compensation							
Retirement benefit	\$33,771			\$41,209			
Other (please specify)							
* ER Paid Life Insurance	\$63			\$47			
Additional life insurance							
Annuity							
			40				
TOTAL	\$361,410	\$0	\$0	\$374,111	\$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	018 Actual Expendit	tures	FY 2019 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)	\$0			\$0		
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			\$55,000		
TOTAL	\$54,000	\$0	\$0	\$55,000	\$0	\$0

Public Two-Year Colleges

Name: Jennifer Methvin - Last Day 6/30/18/; Interim-Thomas Burke -7/1 -12/31/18/; Glenn Coltharp - Start 1/1/19

Institution: Crowder College

Contact Person: Amy Rand

Phone: 417-455-5533

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	018 Actual Expendit	ures	FY 202	FY 2019 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	\$163,993			\$166,453			
Medical/dental/vision insurance for self	\$6,160			\$0			
Medical/dental/vision insurance for spouse/family							
Long-term disability for self							
Deferred compensation							
Retirement benefit	\$24,672			\$24,136			
Other (please specify) J. Methvin Vacation Payout	\$4,021						
Additional life insurance	Value						
Annuity	Value						
			-				
TOTAL	\$198,846	\$0	\$0	\$190,589	\$0	\$0	

Other Compensation:

	FY 2	018 Actual Expendit	ures	FY 20:	FY 2019 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	\$30			\$30			
Other (please specify)							
	100		4.5	444			
TOTAL	\$30	\$0	\$0	\$30	\$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	018 Actual Expendit	ures	FY 202	19 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	\$151,742			\$151,742		
Medical/dental/vision insurance for self	\$7,664			\$8,124		
Medical/dental/vision insurance for spouse/family	\$7,527			\$7,944		
Long-term disability for self	\$242			\$242		
Deferred compensation						
Retirement benefit	\$23,114			\$23,180		
Misc entertainment		\$4,222			\$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				
Annuity	Value					
TOTAL	\$201,611	\$4,222	\$0	\$202,554	\$4,500	\$0

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 2019 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. Ray Cummiskey, President

Institution: Jefferson College

Contact Person: Daryl Gehbauer, Vice President Finance and Administration

Phone: <u>(</u>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	018 Actual Expendit	ures	FY 203	19 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			\$221,157		
Medical/dental/vision insurance for self	\$6,692			\$7,257		
Medical/dental/vision insurance for spouse/family	\$0			\$0		
Long-term disability for self	\$236			\$236		
Deferred compensation	\$0			\$0		
Retirement benefit	\$32,832			\$33,398		
Other (please specify) Insruance Reimbursement	\$1,845			\$1,920		
Additional life insurance	\$0					
Annuity	\$0					
TOTAL	\$259,494	\$0	\$0	\$263,968	\$0	\$0

Other Compensation:

	FY 2	018 Actual Expendit	ures	FY 2019 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	\$0			\$0		
Utilities	\$0			\$0		
Housing allowance (provided for private rent/lease/purchase)	\$0			\$0		
Housekeeper	\$0			\$0		
Custodian, groundskeeper	\$0			\$0		
Insurance for personal property	\$0			\$0		
Entertainment	\$0			\$0		
Automobile	\$0			\$0		
Automobile allowance (provided for private lease/purchase)	\$0			\$0		
Automobile repair/maintenance/mileage	\$0			\$0		
Professional development	\$0			\$0		
Expense for spouse/family to attend meetings	\$0			\$0		
Club/other memberships	\$0			\$0		
Other (please specify)	\$0			\$0		
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0

Name: Kimberly Beatty - Chancellor

Institution: Metropolitan Community College

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	018 Actual Expendit	tures	FY 202	19 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	\$274,999			\$274,999		
Medical/dental/vision insurance for self	\$9,558			\$10,069		
Medical/dental/vision insurance for spouse/family	\$4,410			\$5,677		
Long-term disability for self	\$966			\$966	\$2,148	
Deferred compensation						
Retirement benefit	\$39,875			\$39,875		
Other (please specify)						
403b	\$0			\$0		
Life Insurance	\$2,148		\$716	\$2,148		\$716
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$331,956	\$0	\$716	\$333,734	\$2,148	\$716

Other Compensation:

	FY 2	018 Actual Expendit	ures	FY 2019 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		\$538			\$3,600	
Automobile Automobile allowance (provided for private lease/purchase)	\$11,000			\$11,000		
Automobile repair/maintenance/mileage Professional development						
Expense for spouse/family to attend meetings	-					
Club/other memberships						
Other (please specify)						
TOTAL	\$11,000	\$538	\$0	\$11,000	\$3,600	\$0

Name: Jackie Gill

Institution: Metropolitan Community College -Business & Tech, Blue River

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	018 Actual Expendit	ures	FY 202	19 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	\$157,795			\$172,194		
Medical/dental/vision insurance for self	\$8,732			\$9,476		
Medical/dental/vision insurance for spouse/family	\$0			\$0		
Long-term disability for self	\$588			\$630		
Deferred compensation						
Retirement benefit	\$22,880			\$24,968		
Other (please specify)						
403b	\$1,000			\$1,000		
Life Insurance	\$1,224		\$411	\$1,346		\$450
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$192,219	\$0	\$411	\$209,614	\$0	\$450

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 2019 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			\$3,600			
Automobile repair/maintenance/mileage Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$7,200	\$0	\$0	\$3,600	\$0	\$0	

Name: <u>Michael Banks (Blue River President 7/1/17-12/31/18, Interim President 1/1</u>/2019 - 06/30/2019) Institution: Metropolitan Community College -Business & Tech, Blue River

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	018 Actual Expendit	tures	FY 202	19 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	\$85,266			\$85,266		
Medical/dental/vision insurance for self	\$4,235			\$4,738		
Medical/dental/vision insurance for spouse/family	\$5,295			\$5,361		
Long-term disability for self	\$354			\$315		
Deferred compensation						
Retirement benefit	\$12,363			\$12,363		
Other (please specify)						
403b	\$500			\$0		
Life Insurance	\$1,228		\$408	\$1,333		\$445
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$109,241	\$0	\$408	\$109,376	\$0	\$445

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 2019 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)	\$3,600			\$3,600		
Automobile repair/maintenance/mileage Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$3,600	\$0	\$0	\$3,600	\$0	\$0

Name: <u>Michael Banks (Blue River President 7/1/17-12/31/18, Interim President 1/1</u>/2019 - 06/30/2019) Institution: Metropolitan Community College -Business & Tech, Blue River

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	018 Actual Expendit	tures	FY 202	19 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	\$85,266			\$85,266		
Medical/dental/vision insurance for self	\$4,235			\$4,738		
Medical/dental/vision insurance for spouse/family	\$5,295			\$5,361		
Long-term disability for self	\$354			\$315		
Deferred compensation						
Retirement benefit	\$12,363			\$12,363		
Other (please specify)						
403b	\$500			\$0		
Life Insurance	\$1,228		\$408	\$1,333		\$445
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$109,241	\$0	\$408	\$109,376	\$0	\$445

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 2019 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)	\$3,600			\$3,600		
Automobile repair/maintenance/mileage Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$3,600	\$0	\$0	\$3,600	\$0	\$0

Name: Utpal Goswami

Institution: Metropolitan Community College- Longview

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	018 Actual Expendit	ures	FY 202	19 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	\$167,129			\$184,999		
Medical/dental/vision insurance for self	\$8,732			\$9,476		
Medical/dental/vision insurance for spouse/family	\$7,173			\$6,270		
Long-term disability for self	\$609			\$672		
Deferred compensation						
Retirement benefit	\$24,234			\$26,825		
Other (please specify)						
403b	\$1,000			\$1,000		
Life Insurance	\$1,307		\$437	\$1,445		\$482
Additional life insurance	Value					
A	Value					
Annuity	value					
TOTAL	\$210,184	\$0	\$437	\$230,687	\$0	\$482

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 2019 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: Tyjaun Lee - Hired 8/3/17

Institution: Metropolitan Community College - Penn Valley/Maplewoods

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.

Institutional Operating Funds \$147,171	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above
Operating Funds \$147,171					Amount Above
\$147,171	Foundations)	Standard Benefit	Operating Funds	Foundations)	
				roundations)	Standard Benefit
ĆO E E O			\$177,999		
\$9,558			\$9,114		
\$0			\$0		
\$588			\$630		
\$21,340			\$25,810		
\$0			\$0		
\$1,151		\$385	\$1,391		\$464
Value					
Value					
\$170 000	ćn	¢ροε	\$214 044	ćn	\$464
	\$0 \$588 \$21,340 \$0 \$1,151 Value Value	\$0 \$588 \$21,340 \$0 \$1,151 Value Value Value	\$0 \$588 \$21,340 \$21,340 \$0 \$1,151 Value Value Value Value Value Value Value	\$0 \$0 \$588 \$630 \$21,340 \$25,810 \$21,340 \$25,810 \$0 \$0 \$1,151 \$385 \$1,391 Value Value Value	\$0 \$0 \$588 \$630 \$588 \$630 \$21,340 \$25,810 \$21,340 \$25,810 \$0 \$0 \$0 \$0 \$1,151 \$385 Value \$1,391

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 201	FY 2019 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)	\$6,600			\$7,200			
Automobile repair/maintenance/mileage Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$6,600	\$0	\$0	\$7,200	\$0	\$0	

Name: STEVEN KURTZ (thru Dec '18) & SHIRLEY HOFSTETTER (Jan '19-present)

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	018 Actual Expendit	tures	FY 202	19 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	\$182,449			\$126,225		
Medical/dental/vision insurance for self	\$7,494			\$7,779		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$180			\$160		
Deferred compensation	\$27,000			\$13,500		\$13,500
Retirement benefit	\$27,593			\$21,832		
Other (please specify)	\$101					
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$244,817	\$0	\$0	\$169,495	\$0	\$13,500

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 2019 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)	\$1,817			\$1,051		
Automobile repair/maintenance/mileage	\$384			\$350		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
Cell Phone	\$1,200			\$1,200		
TOTAL	\$8,750	\$0	\$0	\$7,951	\$0	\$0

Name: Jeffery C. Lashley

Institution: Moberly Area Community College

Contact Person: Ann Parks

Phone: 660 263 4100 ext. 11272

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	018 Actual Expendit	tures	FY 202	19 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	\$175,790			\$191,820		
Medical/dental/vision insurance for self	\$6,624		\$360	\$7,332		\$912
Medical/dental/vision insurance for spouse/family	\$11,580		\$9,569	\$12,072		\$10,393
Long-term disability for self	\$0			\$0		
Deferred compensation	\$0			\$0		
Retirement benefit	\$26,450			\$28,877		
Other (please specify)						
Basic life \$20,000, ADD \$20,000	\$28		\$0	\$28		\$0
Additional life insurance	Value					
Annuity	Value					
					r F	
TOTAL	\$220,472	\$0	\$9,929	\$240,129	\$0	\$11,305

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 20:	FY 2019 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			\$0				
Automobile repair/maintenance/mileage								
Professional development								
Expense for spouse/family to attend meetings								
Club/other memberships								
Other (please specify)								
Cell Phone	\$1,650			\$1,341				
TOTAL	\$10,650	\$0	\$0	\$1,341	\$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	018 Actual Expendit	ures	FY 202	19 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	\$145,580			\$149,947		
Medical/dental/vision insurance for self	\$5,910			\$5,910		
Medical/dental/vision insurance for spouse/family	\$0			\$0		
Long-term disability for self	\$0			\$0		
Deferred compensation	\$0			\$0		
Retirement benefit	\$21,966			\$22,599		
Other (please specify)						
Life Insurance	\$114				\$114	
Additional life insurance	\$50,000					
Annuity	N/A					
					l l	
	¢172 570	ćo	ćo	ć170 F70	ćo	ćo
TOTAL	\$173,570	\$0	\$0	\$178,570	\$0	\$0

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 202	FY 2019 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			\$11,000				
Automobile repair/maintenance/mileage	\$17,072			\$14,000				
Professional development								
Expense for spouse/family to attend meetings								
Club/other memberships	\$0			\$500				
Other (please specify)								
Phone stipend	\$720			\$720				
Medical Allowance	\$0			\$0				
TOTAL	\$25,792	\$1,200	\$0	\$26,220	\$1,200	\$0		

Name: Dr. Hal Higdon

Institution: Ozarks Technical Community College

Contact Person: Marla Moody

Phone: 417-447-4842

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	018 Actual Expendit	tures	FY 202	19 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	\$254,224			\$277,264		
Medical/dental/vision insurance for self	\$6,637			\$6,934		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$130			\$130		
Deferred compensation						
Retirement benefit	\$39,150			\$39,875		
Other (please specify)						
Group Term Life Insurance	\$102			\$102		
Health and Wellness Center	\$624			\$624		
403b	\$24,000		\$24,000	\$24,000		\$24,000
Additional life insurance	Value					
Annuity	Value					
	value					
TOTAL	\$324,867	\$0	\$24,000	\$348,929	\$0	\$24,000

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 2019 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	\$1,371			\$1,339			
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$13,371	\$0	\$0	\$13,339	\$0	\$0	

Name: Dr. Jeffrey Jochems

Institution: Ozarks Technical Community College - Richwood Valley Campus

Contact Person: Marla Moody

Phone: 417-447-4842

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	018 Actual Expendit	tures	FY 202	19 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	\$138,680			\$140,067		
Medical/dental/vision insurance for self	\$6,873			\$7,238		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$130			\$130		
Deferred compensation						
Retirement benefit	\$21,105			\$21,359		
Other (please specify)						
Group Term Life Insurance	\$102			\$102		
Health and Wellness Center	\$624			\$624		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$167,514	\$0	\$0	\$169,520	\$0	\$0

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 202	FY 2019 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	\$1,982			\$2,431			
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$1,982	\$0	\$0	\$2,431	\$0	\$0	

Name: Dr. Cliff Davis

Institution: Ozarks Technical Community College - Table Rock Campus

Contact Person: Marla Moody

Phone: (417) 447-4842

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	018 Actual Expendit	tures	FY 202	19 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	\$138,680			\$140,067		
Medical/dental/vision insurance for self	\$6,637			\$6,934		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$130			\$130		
Deferred compensation						
Retirement benefit	\$21,071			\$21,315		
Other (please specify)						
Group Term Life Insurance	\$102			\$102		
Health and Wellness Center	\$624			\$624		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$167,244	\$0	\$0	\$169,172	\$0	\$0

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 2019 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	\$2,411			\$2,531			
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$12,011	\$0	\$0	\$12,131	\$0	\$0	

Name: Barbara Kavalier

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	018 Actual Expendit	tures	FY 202	19 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	\$220,154			\$231,336		
Medical/dental/vision insurance for self	\$7,968			\$8,128		\$1,148
Medical/dental/vision insurance for spouse/family						
Long-term disability for self						\$852
Deferred compensation						
Retirement benefit	\$33,078			\$34,722		
Other (please specify)						
Employee-Only Group Insurance (not included abov	e)					\$692
Additional life insurance	Value		I	L	L	I
Annuity	Value					
TOTAL	\$261,200	\$0	\$0	\$274,186	\$0	\$2,691

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 202	FY 2019 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)	\$8,377			\$8,400			
Automobile repair/maintenance/mileage Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
Business Allowance	\$1,500			\$1,560			
Cell Phone Allowance	\$60						
TOTAL	\$9,937	\$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	018 Actual Expendit	ures	FY 201	19 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	\$302,900			\$315,531		
Medical/dental/vision insurance for self	\$37			\$41		
Medical/dental/vision insurance for spouse/family	\$30			\$33		
Long-term disability for self	\$299			\$299		
Deferred compensation						
Retirement benefit	\$38,708			\$39,775		
Other (please specify)						
403(b)			\$18,000			\$18,000
Additional life insurance	Value					
Annuity	Value					
			l de la companya de l	l de la companya de l	l	
TOTAL	\$341,974	\$0	\$18,000	\$355,679	\$0	\$18,000

Other Compensation:

	FY 2	018 Actual Expendit	ures	FY 2019 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: Shelly Williams

Phone: (660) 596-7483

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	018 Actual Expendit	ures	FY 203	19 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	\$178,164			\$178,164		
Medical/dental/vision insurance for self	\$7,247			\$7,644		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self						
Deferred compensation						
Retirement benefit	\$26,188			\$26,246		
Other (please specify) Life Insurance	\$139			\$158		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$211,738	\$0	\$0	\$212,212	\$0	\$0

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 20:	FY 2019 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)	\$4,800			\$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	\$6,000	\$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	018 Actual Expendit	ures	FY 203	19 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			\$185,699		
Medical/dental/vision insurance for self	\$6,496			\$6,520		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self						
Deferred compensation						
Retirement benefit	\$27,394			\$27,872		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$216,844	\$0	\$0	\$220,091	\$0	\$0

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 202	FY 2019 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)	\$12,000			\$12,000			
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)	\$670			\$1,066			
Automobile repair/maintenance/mileage Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
Cell Phone	\$955			\$1,050			
TOTAL	\$13,625	\$0	\$0	\$14,116	\$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 2	018 Actual Expendit	ures	FY 203	19 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	\$180,000			\$180,000		
Medical/dental/vision insurance for self	\$6,410			\$6,903		
Medical/dental/vision insurance for spouse/family	\$0			\$0		
Long-term disability for self	\$990			\$990		
Deferred compensation						
Retirement benefit	\$35,010			\$36,378		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
				Ī		
TOTAL	\$222,410	\$0	\$0	\$224,271	\$0	\$0

Other Compensation:

	FY 2	018 Actual Expendit	tures	FY 20:	FY 2019 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	\$8,872			\$13,308			
Utilities							
Housing allowance (provided for private rent/lease/purchase)	\$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	\$1,701			\$2,648			
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$20,609	\$0	\$0	\$21,556	\$0	\$0	