

April 2021

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Public Four-Year Universities

Name: Dr. Corey Bradford, Sr.

Institution: Harris-Stowe State University
Phone: 314-340-3335

Contact Person: Brian M. Huggins

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	020 Actual Expendi	tures	FY 202	1 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$290,000			\$295,800		
Medical/dental/vision insurance for self						
Medical/dental/vision insurance for self,						
spouse/family	\$12,395			\$13,015		
Long-term disability for self	\$285			\$285		
Deferred compensation						
Retirement benefit	\$66,352			\$69,543		
Other (please specify)						
Basic Life Insurance	\$195			\$195		
A D and D Insurance	\$19			\$19		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$369,246	\$0	\$0	\$378,857	\$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	020 Actual Expendi	tures	FY 202	1 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	\$48,000			\$48,000		
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)						
Automobile repair/maintenance/mileage Professional development						
Expense for spouse/family to attend meetings Club/other memberships						
Other (please specify)						
Annuity	\$36,000			\$36,000		
TOTAL	\$84,000	\$0	\$0	\$84,000	\$0	\$0

1

Name: Dr. Jerald Jones Woolfolk
Institution: Lincoln University
Phone: 573-681-5020
Contact Person: Stephen Mincke

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	020 Actual Expendi	tures	FY 202	1 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$240,000			\$240,000		
Medical/dental/vision insurance for self	\$7,558			\$7,558		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$1,320			\$1,320		
Deferred compensation						
Retirement benefit	\$48,504			\$48,504		
Other (please specify) Basic Life	\$1,032			\$1,032		
Additional life insurance	Value					
Annuity	\$20,000					
·	. ,					
	4000	1-		4000	1-	
TOTAL	\$298,414	\$0	\$0	\$298,414	\$0	\$0

Other Compensation:

	FY 2	020 Actual Expendi	tures	FY 202	1 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	\$18,960			\$20,000		
Utilities Housing allowance (provided for private rent/lease/purchase)	\$400			\$500		
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$6,600			\$6,600		
Automobile repair/maintenance/mileage Professional development						
Expense for spouse/family to attend meetings Club/other memberships						
Other (please specify)						
TOTAL	\$25,960	\$0	\$0	\$27,100	\$0	\$(

Name: Dr. Alan Marble (FY20) / Dr. Dean Van Galen (FY21)

Institution: Missouri Southern State University

Phone: 417-625-9805

Contact Person: Evan Jewsbury, Chief Human Resources Officer

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	20 Actual Expendi	tures	FY 202	1 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$195,125			\$270,000		
Medical/dental/vision insurance for self	\$6,822			\$8,094		
Medical/dental/vision insurance for spouse/family	\$0			\$2,363		
Long-term disability for self	\$284			\$251		
Deferred compensation	\$48,000			\$0		
Retirement benefit	\$54,801			\$55,836		
Other (please specify)						
Basic Life and ADD	\$228			\$244		
Additional life insurance	Value					
Annuity	Value					
Zilliwity	value					
TOTAL	\$305,260	\$0	\$0	\$336,789	\$0	\$0

Other Compensation:

	FY 20	20 Actual Expendi	tures	FY 2021 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				\$25,000		
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)	\$8,600			\$15,000		
Automobile repair/maintenance/mileage Professional development						
Expense for spouse/family to attend meetings Club/other memberships						
Other (please specify)						
TOTAL	\$8,600	\$0	\$0	\$40,000	\$0	\$0

Name: Clif Smart

Institution: Missouri State University
Phone: 417-836-3002

Contact Person: Kristin Bilyeu

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)20 Actual Expend	tures	FY 202	1 Estimated Exper	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$351,800			\$364,231		
Medical/dental/vision insurance for self						
Medical/dental/vision insurance for spouse/family	\$5,001			\$4,543		
Long-term disability for self						
Deferred compensation						
Retirement benefit						
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
			T			
TOTAL	\$356,801	\$0	\$0	\$368,774	\$0	\$0

Other Compensation:

	FY 2	020 Actual Expendi I	tures	FY 202	1 Estimated Expen	ditures I
	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	\$40,000			\$40,000		
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)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships	\$1,375	\$6,208		\$1,375	\$6,208	
Other (please specify)						
TOTAL	\$41,375	\$6,208	\$0	\$41,375	\$6,208	\$0

Name: Shirley Lawler, Chancellor. Resignation June 30, 2020

Name: Dennis Lancaster, Interim Chancellor

Institution: Missouri State University - West Plains
Phone: 417-836-3002

Contact Person: Kristin Bilyeu

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	020 Actual Expendi	tures	FY 202	FY 2021 Estimated Expenditures			
		Private Funds			Private Funds			
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$164,551			\$131,401				
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							
TOTAL	\$164,551	\$0	\$0	\$131,401	\$0	\$0		

Other Compensation:

	FY 2	FY 2020 Actual Expenditures			1 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 Compensatior (not reflected in budget)
Housing	\$12,550		\$5,089	\$0		\$(
Utilities Housing allowance (provided for private rent/lease/purchase)	\$2,856			\$0		
Housekeeper	\$1,205			\$0		
Custodian, groundskeeper	\$6,031			\$0		
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	\$1,750			\$1,689		
Other (please specify)						
TOTAL	\$24,392	\$0	\$5,089	\$1,689	\$0	\$(

Name: Matthew Wilson (FY20 Actual) -- Elizabeth Kennedy (FY21 Estimated)

Institution: Missouri Western State University

Phone: 816-271-4287

Contact Person: Sara Freemyer, Director of Human Resources

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)20 Actual Expendi	tures	FY 202	1 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$290,000			\$250,000		
Medical/dental/vision insurance for self	\$7,985			\$8,867		
Medical/dental/vision insurance for spouse/family	\$16,654					
Long-term disability for self	\$319			\$278		
Deferred compensation						
Retirement benefit	\$24,337			\$15,036		
Other (please specify)	\$885			\$312		
	\$24,000					
Additional life insurance	Value					
	\$500,000					
Annuity	Value					
	\$24,000					
TOTAL	\$364,179	\$0	\$0	\$274,493	\$0	\$0

Other Compensation:

	FY 2	020 Actual Expendi	tures	FY 202	1 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	\$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	\$2,700			\$2,700		
Other (please specify) Cell Phone				\$600		
TOTAL	\$43,200	\$0	\$0	\$3,300	\$0	\$0

Name: John Jasinski
Institution: Northwest Missouri State University

Phone: 660-562-1129

Contact Person: Brooke Hull

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)20 Actual Expendi	tures	FY 202	FY 2021 Estimated Expenditures		
		Private Funds			Private Funds		
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$296,820			\$296,820			
Medical/dental/vision insurance for self	\$9,085			\$10,332			
Medical/dental/vision insurance for spouse/family	\$19,359			\$19,994			
Long-term disability for self	\$332			\$332			
Deferred compensation	\$20,000			\$20,000			
Retirement benefit	\$72,629			\$76,322			
Other (please specify) Basic Life Insurance (1x annual sa	\$578			\$578			
Additional life insurance	\$275,000						
Annuity	\$20,000						
TOTAL	\$418,803	\$0	\$0	\$424,378	\$0	\$0	

Other Compensation:

	FY 2	020 Actual Expendi	tures	FY 2021 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)						
Automobile repair/maintenance/mileage			\$16,800			\$16,800
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships			\$1,500			\$1,500
Other (please specify)						
TOTAL	\$0	\$0	\$27,300	\$0	\$0	\$27,300

Name: Carlos Vargas-Aburto
Institution: Southeast Missouri State University
Phone: Melissia Coffee
Contact Person: (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 20)20 Actual Expendi	tures	FY 202	FY 2021 Estimated Expenditures		
		Private Funds			Private Funds		
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$280,780			\$283,588			
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						
	\$30,000						
TOTAL	\$280,780	\$0	\$0	\$283,588	\$0	\$0	

Other Compensation:

	FY 2	020 Actual Expendi	tures	FY 2021 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	\$5,103			\$5,103		
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	\$747			\$747		
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
Automobile Insurance	\$1,168			\$1,168		
Grounds Maintenance	\$8,000			\$8,000		
TOTAL	\$52,092	\$0	\$0	\$52,092	\$0	\$0

Name: <u>Dr. Susan Thomas, President</u>

Institution: <u>Truman State University</u>
Phone: (660) 785-7607

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

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	020 Actual Expendi	tures	FY 2021 Estimated Expenditures			
	Institutional	Private Funds (e.g. Institution	Amount Above	Institutional	Private Funds (e.g. Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$268,500			\$268,550			
Medical/dental/vision insurance for self	\$7,684			\$7,684			
Medical/dental/vision insurance for spouse/family							
Long-term disability for self	\$194			\$194			
Deferred compensation				\$40,000			
Retirement benefit	\$58,382			\$61,444			
Other (please specify)							
AD&D	\$34			\$34			
Life Insurance	\$127			\$142			
FICA/Medicare	\$12,131			\$12,712			
Additional life insurance	Value						
Annuity	Value						
TOTAL	\$347,052	\$0	\$0	\$390,760	\$0	\$0	

Other Compensation:

	FY 2	020 Actual Expendi	tures	FY 202	FY 2021 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	\$7,115			\$7,235			
Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper	\$4,000			\$2,800			
Insurance for personal property	\$258			\$247			
Entertainment							
Automobile	\$2,631			\$2,557			
Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage	\$1,872			\$1,418			
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$15,876	\$0	\$0	\$14,257	\$0	\$0	

Name: Dr. Roger Best
Institution: University of Central Missouri
Phone: 660-543-4406
Contact Person: Lisa Miller

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)20 Actual Expendi	tures	FY 202	1 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$290,764			\$269,932		
Medical/dental/vision insurance for self	\$7,036			\$7,036		
Medical/dental/vision insurance for spouse/family	\$2,417			\$2,417		
Long-term disability for self	\$449			\$421		
Deferred compensation						
Retirement benefit	\$63,111			\$61,818		
Other (please specify)						
Car Allowance	\$10,000			\$12,000		
					\$0	
					\$0	
Additional life insurance	Value					
	\$0					
Annuity	Value					
TOTAL	\$373,777	\$0	\$0	\$353,624	\$0	\$0

Other Compensation:

	FY 2	020 Actual Expendi	tures	FY 202	FY 2021 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	\$0	\$756		\$0	\$0		
Automobile Automobile allowance (provided for private							
lease/purchase)							
Automobile repair/maintenance/mileage							
Professional development	\$4,602	\$0		\$599	\$0		
Expense for spouse/family to attend meetings	\$0	\$0		\$0	\$0		
Club/other memberships	\$646	\$0		\$237	\$0		
Other (please specify)							
TOTAL	\$5,248	\$756	\$0	\$836	\$0	\$0	

Mun Choi - President (3/1/2017 - present);

Name: University of Missouri-Columbia Chancellor (4/14/2020-present)--DUAL ROLE EMPLID: 10285408

Institution: University of Missouri System - Columbia

Phone: 573-882-2146

Contact Person: Debora Hulett, Lead Compensation Consultant

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	2020 Actual Expendit	ures	FY 202	21 Estimated Expendi	tures
		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	\$538,480			\$593,650		
Medical/dental/vision insurance for self	\$5,997			\$5,865		
Medical/dental/vision insurance for spouse/family	\$11,002			\$11,572		
Long-term disability for self	\$230			\$204		
Deferred compensation	\$50,000		\$50,000	\$50,000		\$50,000
Retirement benefit	\$54,858			\$64,858		
Other (please specify)						
- ER Paid Life Insurance	\$534			\$480		
- Retiree Health & Welfare	\$7,377			\$7,504		
Additional life insurance	Value					
Annuity	Value					
,						
TOTAL	\$668,478	\$0	\$50,000	\$734,133	\$0	\$50,000

Other Compensation:

	FY	2020 Actual Expendit	ures	FY 2021 Estimated Expenditures			
			Estimated Value of				
		Private Funds (e.g.	Compensation (not		Private Funds (e.g.	Estimated Value of	
	Institutional	Institutional	reflected in	Institutional	Institutional	Compensation (not	
	Operating Funds	Foundations)	budget)	Operating Funds	Foundations)	reflected in budget)	
	university						
Housing	provided			university 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)	\$17,867			\$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)	\$42,000		\$42,000	\$42,750		\$42,750	
- Taxable reimbursement	\$387						
TOTAL	\$60,254	\$0	\$42,000	\$60,617	\$0	\$42,750	

Name:	C. Mauli Agrawal - Chancellor (6/20/2018 - present)	EMPLID: 10290046
Institution:	University of Missouri System- Kansas City	_
Phone:	573-882-2146	_
Contact Person:	Debora Hulett, Lead Compensation Consultant	

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 2020 Actual Expenditures			FY 2021 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	\$414,458			\$392,219			
Medical/dental/vision insurance for self	\$7,983			\$6,429			
Medical/dental/vision insurance for spouse/family	\$15,118			\$16,773			
Long-term disability for self	\$230			\$204			
Deferred compensation	\$20,000		\$20,000	\$20,000		\$20,000	
Retirement benefit	\$45,322			\$50,615			
Other (please specify)							
- ER Paid Life Insurance	\$332			\$225			
- Retiree Health & Welfare	\$5,678			\$5,066			
Additional life insurance	Value						
Annuity	Value						
TOTAL	\$509,122	\$0	\$20,000	\$491,530	\$0	\$20,000	

Other Compensation:

	FY	2020 Actual Expendit	ures	FY 202	21 Estimated Expendi	tures
			Estimated Value of			
		Private Funds (e.g.	Compensation (not		Private Funds (e.g.	Estimated Value of
	Institutional	Institutional	reflected in	Institutional	Institutional	Compensation (not
	Operating Funds	Foundations)	budget)	Operating Funds	Foundations)	reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private						
rent/lease/purchase)	\$15,000			\$21,250		
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile						
Automobile allowance (provided for private						
lease/purchase)	\$15,000			\$0		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						

Name:	Mohammad Dehghani - Chancellor (8/1/2019 - present)	EMPLID: 10295768
Institution:	University of Missouri System - Science & Technology	_
Phone:	573-882-2146	_
Contact Person:	Debora Hulett, Lead Compensation Consultant	

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	2020 Actual Expendit	ures	FY 2021 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	\$375,000			\$396,667			
Medical/dental/vision insurance for self	\$4,982			\$6,381			
Medical/dental/vision insurance for spouse/family	\$8,993			\$8,884			
Long-term disability for self	\$209			\$204			
Deferred compensation	\$10,000		\$10,000	\$10,000		\$10,000	
Retirement benefit	\$45,311			\$48,735			
Other (please specify)							
- ER Paid Life Insurance	\$115			\$94			
- Retiree Health & Welfare	\$4,932			\$5,275			
Additional life insurance	Value						
Annuity	Value						
					_		
TOTAL	\$449,542	\$0	\$10,000	\$476,240	\$0	\$10,000	

Other Compensation:

	FY	2020 Actual Expendit	ures	FY 20:	FY 2021 Estimated Expenditures			
			Estimated Value of					
		Private Funds (e.g.	Compensation (not		Private Funds (e.g.	Estimated Value of		
	Institutional	Institutional	reflected in	Institutional	Institutional	Compensation (not		
	Operating Funds	Foundations)	budget)	Operating Funds	Foundations)	reflected in budget)		
	university							
Housing	provided			univ provided - pt yr		ļ		
Utilities								
Housing allowance (provided for private								
rent/lease/purchase)				\$10,888				
Housekeeper								
Custodian, groundskeeper								
Insurance for personal property								
Entertainment								
Automobile								
Automobile allowance (provided for private								
lease/purchase)	\$13,750			\$15,000				
Automobile repair/maintenance/mileage								
Professional development								
Expense for spouse/family to attend meetings								
Club/other memberships								
Other (please specify)								
- Moving incentive	\$20,000							
TOTAL	\$33,750	\$0	\$0	\$25,888	\$0	\$0		

Name: Kristin Sobolik - Chancellor (4/9/2020 - present); Interim (9/1/2019 - 4/8/2020) EMPLID: 10285200

Institution: University of Missouri System - St. Louis

Phone: 573-882-2146

Contact Person: Debora Hulett, Lead Compensation Consultant

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.

(other than base salary) indicate the amount of the ex		2020 Actual Expendit		EV 20.	FY 2021 Estimated Expenditures			
	FI	Private Funds (e.g.	uies	FT ZU.	Private Funds (e.g.	tures		
	Institutional Operating Funds	Institution Foundations)	Amount Above Standard Benefit	Institutional Operating Funds	Institution Foundations)	Amount Above Standard Benefit		
Base salary	\$281,212	·		\$365,953	,			
Medical/dental/vision insurance for self	\$4,538			\$5,157				
Medical/dental/vision insurance for spouse/family	\$8,220			\$10,108				
Long-term disability for self	\$188			\$204				
Deferred compensation	\$20,000		\$20,000	\$20,000		\$20,000		
Retirement benefit	\$41,391			\$46,915				
Other (please specify)								
- ER Paid Life Insurance	\$268			\$332				
- Retiree Health & Welfare	\$4,470			\$4,780				
Additional life insurance	Value							
Annuity	Value							
TOTAL	\$360,287	\$0	\$20,000	\$453,449	\$0	\$20,000		

Other Compensation:

	FY	2020 Actual Expendit	ures	FY 20	21 Estimated Expend	itures
			Estimated Value of			
		Private Funds (e.g.	Compensation (not		Private Funds (e.g.	Estimated Value of
	Institutional	Institutional	reflected in	Institutional	Institutional	Compensation (not
	Operating Funds	Foundations)	budget)	Operating Funds	Foundations)	reflected in budget
	university					
Housing	provided			university provided		
Utilities						
Housing allowance (provided for private						
rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile	\$280			\$844		
Automobile allowance (provided for private						
lease/purchase)	\$3,750			\$15,000		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$4,030	\$0	\$0	\$15,844	\$0	\$0

Public Two-Year Colleges

Name:	Glenn Coltharp
Institution:	Crowder College
Phone:	417-455-5533
Contact Person:	Amy Rand

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)20 Actual Expendi	tures	FY 2021 Estimated Expenditures			
		Private Funds			Private Funds		
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$180,000			\$182,700			
Medical/dental/vision insurance for self							
Medical/dental/vision insurance for spouse/family							
Long-term disability for self							
Deferred compensation							
Retirement benefit	\$26,100			\$26,492			
Other (please specify)							
Additional life insurance	Value						
Annuity	Value						
TOTAL	\$206,100	\$0	\$0	\$209,192	\$0	\$0	

Other Compensation:

	FY 2	020 Actual Expendi	tures	FY 202	1 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	\$30			\$30		
Other (please specify)						
TOTAL	\$30	\$0	\$0	\$30	\$0	\$0

Name: Carl Jon Bauer
Institution: East Central College
Phone: 636-584-6501
Contact Person: Annette Moore

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)20 Actual Expendi	tures	FY 202	FY 2021 Estimated Expenditures			
		Private Funds			Private Funds			
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$151,742			\$155,536				
Medical/dental/vision insurance for self	\$8,607			\$9,221				
Medical/dental/vision insurance for spouse/family	\$8,667		\$8,667	\$9,583		\$9,583		
Long-term disability for self	\$242			\$250				
Deferred compensation								
Retirement benefit	\$23,251			\$23,890				
Misc entertainemnt		\$3,300	\$3,300		\$3,300	\$3,300		
Travel	\$6,000		\$6,000	\$6,000		\$6,000		
H.S.A	\$5,200		\$5,200	\$5,200		\$5,200		
Life Insurance	\$122			\$122				
Additional life insurance **The College Provides \$100k Basic Life - Dr. Bauer Purchased an Additional \$140,000								
Additional life insurance	Value							
Annuity	Value							
TOTAL	\$203,831	\$3,300	\$23,167	\$209,802	\$3,300	\$24,083		

Other Compensation:

	FY 20	020 Actual Expendi	tures	FY 2021 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
Phone: (636)481-3120

Contact Person: Daryl Gehbauer, Vice President Finance and Administration

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	020 Actual Expendi	tures	FY 202	FY 2021 Estimated Expenditures			
		Private Funds			Private Funds			
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$225,580			\$0				
Medical/dental/vision insurance for self	\$7,874			\$0				
Medical/dental/vision insurance for spouse/family	\$0			\$0				
Long-term disability for self	\$223			\$0				
Deferred compensation	\$0			\$0				
Retirement benefit	\$34,106			\$0				
Other (please specify) Insurance Reimbursement	\$1,760			\$0				
Retirement Award	\$100			\$0				
Vacation Leave Payout	\$34,470			\$0				
Sick Leave Payout	\$2,025			\$0				
Additional life insurance	Value							
Annuity	Value							
TOTAL	\$306,138	\$0	\$0	\$0	\$0	\$0		

Other Compensation:

	FY 20	020 Actual Expendi	tures	FY 202	FY 2021 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: Dr. Dena McCaffrey, President

Institution: Jefferson College
Phone: (636)481-3120

Contact Person: Daryl Gehbauer, Vice President Finance and Administration

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	020 Actual Expendi	tures	FY 202	1 Estimated Expen	ditures
		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	\$0			\$170,000	, , , , , , , , , , , , , , , , , , ,	
Medical/dental/vision insurance for self	\$0			\$8,912		
Medical/dental/vision insurance for spouse/family	\$0			\$0		
Long-term disability for self	\$0			\$215		
Deferred compensation	\$0			\$0		
Retirement benefit	\$0			\$26,188		
Other (please specify) QHDHP Contribution	\$0			\$768		
Insruance Reimbursement				\$928		
Life Insurance Board-Paid				\$22		
				\$0		
	Value					
Annuity	Value					
TOTAL	\$0	\$0	\$0	\$207,033	\$0	\$0

Other Compensation:

	FY 2	FY 2020 Actual Expenditures			FY 2021 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			\$7,200			
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	\$7,200	\$0	\$0	

Name: Dr. Kimberly Beatty - Chancellor
Institution: Metropolitan Community College
Phone: 816-604-1130
Contact Person: Patricia Amick

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)20 Actual Expendi	tures	FY 202	1 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$277,750			\$291,000		
Medical/dental/vision insurance for self	\$10,887			\$11,128		
Medical/dental/vision insurance for spouse/family	\$5,269			\$5,398		
Long-term disability for self	\$1,008			\$1,050		
Deferred compensation						
Retirement benefit	\$40,274			\$42,195		
Other (please specify)						
403b	\$0			\$0		
Life Insurance	\$2,172		\$724	\$2,273		\$757
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$337,360	\$0	\$724	\$353,044	\$0	\$757

Other Compensation:

	FY 2	020 Actual Expendi	tures	FY 2021 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		\$1,366			\$3,600	
Automobile Automobile allowance (provided for private lease/purchase)	\$12,000			\$12,000		
Automobile repair/maintenance/mileage Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$12,000	\$1,366	\$0	\$12,000	\$3,600	\$0

Name: Dr. Thomas Meyer - President of Blue River and Business & Technology Campuses

Institution: Metropolitan Community College

Phone: 816-604-1130
Contact Person: Patricia Amick

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)20 Actual Expendi	tures	FY 202	1 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$164,000			\$164,000		
Medical/dental/vision insurance for self	\$10,887			\$11,128		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$588			\$588		
Deferred compensation						
Retirement benefit	\$23,780			\$23,780		
Other (please specify)						
403b	\$317			\$1,000		
Life Insurance	\$1,281		\$427	\$1,281		\$427
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$200,853	\$0	\$427	\$201,777	\$0	\$427

Other Compensation:

	FY 2	020 Actual Expendi	tures	FY 202	FY 2021 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: Dr. Utpal Goswami - President of Longview 7/1/19-12/31/19

Institution: Metropolitan Community College

Phone: 816-604-1130
Contact Person: Patricia Amick

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)20 Actual Expendi	tures	FY 202	1 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$93,425					
Medical/dental/vision insurance for self	\$4,738					
Medical/dental/vision insurance for spouse/family	\$3,135					
Long-term disability for self	\$336					
Deferred compensation						
Retirement benefit	\$13,547					
Other (please specify)						
403b	\$1,000					
Life Insurance	\$730		\$243			
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$116,911	\$0	\$243	\$0	\$0	\$0

Other Compensation:

	FY 2	020 Actual Expendi	tures	FY 202	FY 2021 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	\$3,600			\$0			
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	\$3,600	\$0	\$0	\$0	\$0	\$0	

Name: Dr. Dan Hocoy - President of Longview as of 7/1/20

Institution: Metropolitan Community College

Phone: 816-604-1130

Contact Person: Patricia Amick

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)20 Actual Expendi	tures	FY 202	1 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary				\$175,000		
Medical/dental/vision insurance for self				\$9,993		
Medical/dental/vision insurance for spouse/family				\$0		
Long-term disability for self				\$630		
Deferred compensation						
Retirement benefit				\$25,375		
Other (please specify)						
403b				\$1,000		
Life Insurance				\$1,367		\$456
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$0	\$0	\$0	\$213,365	\$0	\$456

Other Compensation:

	FY 2	020 Actual Expendi	tures	FY 202	FY 2021 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	\$0			\$7,200			
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	\$7,200	\$0	\$0	

Name: Dr. Larry Rideaux - President of Maple Woods as of 6/1/20

Institution: Metropolitan Community College

Phone: 816-604-1130
Contact Person: Patricia Amick

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	020 Actual Expendi	tures	FY 202	1 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$14,250			\$171,000		
Medical/dental/vision insurance for self	\$863			\$11,128		
Medical/dental/vision insurance for spouse/family	\$439			\$5,404		
Long-term disability for self	\$51			\$630		
Deferred compensation						
Retirement benefit	\$2,066			\$24,795		
Other (please specify)						
403b	\$0			\$0		
Life Insurance	\$111		\$39	\$1,136		\$445
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$17,780	\$0	\$39	\$214,093	\$0	\$445

Other Compensation:

	FY 2	020 Actual Expendi	tures	FY 202	FY 2021 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)	\$600			\$7,200			
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$600	\$0	\$0	\$7,200	\$0	\$0	

Name: Dr. Tyjaun Lee - President of Penn Valley Campus, President of Maple Woods 8/18-6/20

Institution: Metropolitan Community College

Phone: 816-604-1130
Contact Person: Patricia Amick

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	020 Actual Expendi	tures	FY 202	1 Estimated Exper	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$179,780			\$179,780		
Medical/dental/vision insurance for self	\$9,850			\$10,067		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$630			\$630		
Deferred compensation						
Retirement benefit	\$26,068			\$26,068		
Other (please specify)						
403b	\$0			\$0		
Life Insurance	\$1,406		\$469	\$1,406		\$469
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$217,734	\$0	\$469	\$217,951	\$0	\$469

Other Compensation:

	FY 2	020 Actual Expendi	tures	FY 2021 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	\$7,200			\$7,200		
lease/purchase) 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: JOSEPH GILGOUR
Institution: MINERAL AREA COLLEGE
Phone: (573) 518-2129

Contact Person: SARAH DEMENT

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)20 Actual Expend	itures	FY 202	1 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$165,000			\$158,654		
Medical/dental/vision insurance for self						
Medical/dental/vision insurance for spouse/family	\$7,539			\$7,387		
Long-term disability for self	\$160			\$160		
Deferred compensation						
Retirement benefit	\$25,007			\$24,071		
Other (please specify)						
Travel Allowance	\$5,000			\$5,000		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$202,706	\$0	\$0	\$195,272	\$0	\$0

Other Compensation:

				1			
	FY 2	020 Actual Expendi	tures	FY 202	FY 2021 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	\$0			\$0			
Automobile allowance (provided for private lease/purchase)	\$0			\$0			
Automobile repair/maintenance/mileage	\$0			\$0			
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
Cell Phone	\$1,200			\$1,200			
TOTAL	\$1,200	\$0	\$0	\$1,200	\$0	\$0	

Name: Jeffery C. Lashley
Institution: Moberly Area Community College
Phone: 660 263 4100 ext. 11274

Contact Person: Susan Spencer

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	020 Actual Expendi	tures	FY 202	1 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$195,656			\$195,656		
Medical/dental/vision insurance for self	\$7,968		\$996	\$9,072		\$1,140
Medical/dental/vision insurance for spouse/family	\$13,104		\$11,281	\$14,928		\$12,849
Long-term disability for self	\$0			\$0		
Deferred compensation	\$0			\$0		
Retirement benefit	\$29,525			\$29,686		
Other (please specify)						
Basic life \$20,000, ADD \$20,000	\$28		\$0	\$19		
Additional life insurance	Value					
Annuity	Value					
	40.00			4		4
TOTAL	\$246,281	\$0	\$12,277	\$249,361	\$0	\$13,989

Other Compensation:

				,		
	FY 2	020 Actual Expendi	tures	FY 2021 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)						
Cell Phone	\$1,348			\$1,350		
TOTAL	\$1,348	\$0	\$0	\$1,350	\$0	\$0

Name: Dr. Lenny Klaver
Institution: North Central Missouri College
Phone: 660-359-3948

Contact Person: Tyson Otto

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)20 Actual Expendi	itures	FY 202	1 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$160,000			\$160,000		
Medical/dental/vision insurance for self	\$6,415			\$6,828		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self						
Deferred compensation						
Retirement benefit	\$24,130			\$24,190		
Other (please specify)						
Life Insurance	\$83			\$83		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$190,628	\$0	\$0	\$191,101	\$0	\$0

Other Compensation:

				ı		
	FY 2	020 Actual Expendi	tures	FY 2021 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)	\$11,000			\$11,000		
Automobile repair/maintenance/mileage	\$7,278			\$8,000		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships	\$0			\$500		
Other (please specify)						
Phone Stipend	\$720			\$720		
TOTAL	\$18,998	\$1,200	\$0	\$20,220	\$1,200	\$0

Name: Dr. Cliff Davis
Institution: Ozarks Technical Community College
Phone: 417-447-4837

Contact Person: Jill Cox

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)20 Actual Expendi	tures	FY 202	1 Estimated Exper	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$142,868			\$144,468		
Medical/dental/vision insurance for self	\$7,154			\$7,393		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$108			\$102		
Deferred compensation						
Retirement benefit	\$21,753			\$22,020		
Other (please specify)						
Group Term Life Insurance	\$102			\$87		
Health and Wellness Center	\$624			\$624		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$172,609	\$0	\$0	\$174,694	\$0	\$0

Other Compensation:

	FY 20	020 Actual Expendi	tures	FY 2021 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			\$0		
Automobile repair/maintenance/mileage	\$1,519			\$317		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$11,119	\$0	\$0	\$317	\$0	\$0

Name: Dr. Dustin Childress

Institution: Ozarks Technical Community College
Phone: 417-447-4837

Contact Person: Jill Cox

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	020 Actual Expendi	tures	FY 202	1 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary				\$65,000		
Medical/dental/vision insurance for self				\$3,846		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self				\$49		
Deferred compensation						
Retirement benefit				\$9,983		
Other (please specify)						
Group Term Life Insurance				\$36		
Health and Wellness Center				\$312		
Additional life insurance	Value					
Annuity	Value					
			1			
TOTAL	\$0	\$0	\$0	\$79,226	\$0	\$0

Other Compensation:

	FY 20	020 Actual Expendi	tures	FY 2021 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				\$184		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$0	\$0	\$0	\$184	\$0	\$0

Name: Dr. Hal Higdon

Institution: Ozarks Technical Community College

Phone: 417-447-4837

Contact Person: Jill Cox

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	020 Actual Expend	itures	FY 202	1 Estimated Exper	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$283,472			\$285,072		
Medical/dental/vision insurance for self	\$7,154			\$7,393		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$108			\$102		
Deferred compensation						
Retirement benefit	\$40,600			\$41,325		
Other (please specify)						
Group Term Life Insurance	\$102			\$87		
Health and Wellness Center	\$624			\$624		
403b	\$23,230		\$23,230	\$23,230		\$23,230
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$355,290	\$0	\$23,230	\$357,833	\$0	\$23,230

Other Compensation:

	FY 20	020 Actual Expendi	tures	FY 2021 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)	\$12,120			\$12,120		
Automobile repair/maintenance/mileage	\$1,913			\$151		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$14,033	\$0	\$0	\$12,271	\$0	\$0

Name: Dr. Jeffrey Jochems
Institution: Ozarks Technical Community College
Phone: 417-447-4837
Contact Person: Jill Cox

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)20 Actual Expendi	tures	FY 202	1 Estimated Exper	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$142,868					
Medical/dental/vision insurance for self	\$7,370					
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$108					
Deferred compensation						
Retirement benefit	\$21,785					
Other (please specify)						
Group Term Life Insurance	\$102					
Health and Wellness Center	\$624					
Additional life insurance	Value					
Additional file insurance	value					
Annuity	Value					
TOTAL	\$172,857	\$0	\$0	\$0	\$0	\$0

Other Compensation:

	FY 2	020 Actual Expendi	tures	FY 2021 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	\$1,493					
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$1,493	\$0	\$0	\$0	\$0	\$0

Name: Dr. Robert Griffith

Institution: Ozarks Technical Community College
Phone: 417-447-4837

Contact Person: Jill Cox

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	020 Actual Expendi	tures	FY 202	1 Estimated Exper	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary				\$130,000		
Medical/dental/vision insurance for self				\$6,507		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self				\$102		
Deferred compensation						
Retirement benefit				\$19,794		
Other (please specify)						
Group Term Life Insurance				\$87		
Health and Wellness Center				\$624		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$0	\$0	\$0	\$157,114	\$0	\$0

Other Compensation:

	FY 2	020 Actual Expendi	tures	FY 202	FY 2021 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				\$539			
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$0	\$0	\$0	\$539	\$0	\$0	

Name: Barbara Kavalier

Institution: St Charles Community College
Phone: 636-922-8000

Contact Person: Jessica Trimborn

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)20 Actual Expendi	tures	FY 2021 Estimated Expenditures			
	Institutional	Private Funds (e.g. Institution	Amount Above	Institutional	Private Funds (e.g. Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$235,963			\$240,682			
Medical/dental/vision insurance for self	\$7,971		\$1,112	\$7,814		\$1,089	
Medical/dental/vision insurance for spouse/family							
Long-term disability for self			\$900			\$900	
Deferred compensation							
Retirement benefit	\$35,532			\$36,190			
Other (please specify) Life Insurance	\$211			\$177			
Supplemental Life Insurance			\$447			\$732	
Short Term Disability			\$636			\$604	
Identity Theft Protection			\$95			\$95	
Critical Illness			\$518			\$1,037	
Hospital Indemnity			\$92			\$367	
Legal Plan			\$144			\$288	
Accident Insurance						\$118	
Additional life insurance	\$80,000						
Annuity	Value						
TOTAL	\$279,677	\$0	\$3,944	\$284,863	\$0	\$5,230	

Other Compensation:

	FY 20	020 Actual Expendi	tures	FY 202	FY 2021 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)	\$8,400			\$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			\$1,560			
TOTAL	\$9,960	\$0	\$0	\$9,960	\$0	\$0	

Name: Jeff L. Pittman, Chancellor
Institution: St Louis Community College
Contact Person: Ron Portman, Payroll Supervisor
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	020 Actual Expendit	ures	FY 202	21 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	\$330,518			\$423,701		
Medical/dental/vision insurance for self	\$41			\$41		
Medical/dental/vision insurance for spouse/family	\$33			\$33		
Long-term disability for self	\$289			\$242		
Deferred compensation						
Retirement benefit	\$41,353					
Other (please specify)						
403(b)			\$18,000			\$18,000
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$372,234	\$0	\$18,000	\$424,017	\$0	\$18,000

Other Compensation:

	FY 2	020 Actual Expendit	ures	FY 2021 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: Elizabeth Perkins, Florissant Valley Campus President
Institution: St Louis Community College

Contact Person: Ron Portman, Payroll Supervisor
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	020 Actual Expendit	ures	FY 202	21 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	\$156,908			\$153,287		
Medical/dental/vision insurance for self	\$8,253			\$9,247		
Medical/dental/vision insurance for spouse/family	\$4,878			\$4,736		
Long-term disability for self	\$289			\$242	_	
Deferred compensation						
Retirement benefit	\$23,948			\$23,130		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$194,276	\$0	\$0	\$190,642	\$0	\$0

Other Compensation:

	FY 2020 Actual Expenditures			FY 2021 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: Julie Fickas, Forest Park Campus President
Institution: St Louis Community College
Contact Person: Ron Portman, Payroll Supervisor
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	020 Actual Expendit	ures	FY 202	FY 2021 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	\$154,257			\$150,446				
Medical/dental/vision insurance for self	\$8,219			\$9,252				
Medical/dental/vision insurance for spouse/family	\$5,035			\$5,627				
Long-term disability for self	\$289			\$242				
Deferred compensation								
Retirement benefit	\$23,559			\$22,727				
Other (please specify)								
Additional life insurance	Value							
Annuity	Value							
TOTAL	¢101 250	ćo	ćo	¢100 204	ćo	ćo		
TOTAL	\$191,359	\$0	\$0	\$188,294	\$0	\$0		

Other Compensation:

	FY 2	020 Actual Expendit	ures	FY 2021 Estimated Expenditures		
			Estimated Value			Estimated Value
		Private Funds (e.g.			Private Funds (e.g.	
	Institutional	Institutional	(not reflected in	Institutional	Institutional	(not reflected in
	Operating Funds	Foundations)	budget)	Operating Funds	Foundations)	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: Felecia Moore-Davis, Meramec Campus President
Institution: St Louis Community College

Contact Person: Ron Portman, Payroll Supervisor
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	020 Actual Expendit	ures	FY 202	21 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	\$141,167			\$150,446		
Medical/dental/vision insurance for self	\$7,551			\$9,252		
Medical/dental/vision insurance for spouse/family	\$3,634			\$4,412		
Long-term disability for self						
Deferred compensation						
Retirement benefit	\$21,564			\$22,727		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$173,916	\$0	\$0	\$186,837	\$0	\$0

Other Compensation:

	FY 2020 Actual Expenditures			FY 2021 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: Carol Lupardus, Wildwood Campus President
Institution: St Louis Community College
Contact Person: Ron Portman, Payroll Supervisor
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	020 Actual Expendit	ures	FY 202	21 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	\$146,880			\$143,490		
Medical/dental/vision insurance for self	\$8,253			\$9,248		
Medical/dental/vision insurance for spouse/family	\$413			\$426		
Long-term disability for self	\$289			\$242		
Deferred compensation						
Retirement benefit	\$22,494			\$21,737		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$178,329	\$0	\$0	\$175,143	\$0	\$0

Other Compensation:

	FY 2	020 Actual Expendit	ures	FY 2021 Estimated Expenditures		
			Estimated Value			Estimated Value
		Private Funds (e.g.			Private Funds (e.g.	
	Institutional	Institutional	(not reflected in	Institutional	Institutional	(not reflected in
	Operating Funds	Foundations)	budget)	Operating Funds	Foundations)	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. Joanna Anderson

Institution: State Fair Community College
Phone: 660-596-7223

Contact Person: Keith Acuff

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)20 Actual Expendi	tures	FY 202	1 Estimated Exper	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$176,658			\$174,406		
Medical/dental/vision insurance for self	\$8,063			\$8,759		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self						
Deferred compensation						
Retirement benefit	\$26,784			\$26,559		
Other (please specify) Life Insurance	\$177			\$177		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$211,682	\$0	\$0	\$209,901	\$0	\$0

Other Compensation:

	FY 2	020 Actual Expendi	tures	FY 2021 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			\$0		
TOTAL	\$6,000	\$0	\$0	\$4,800	\$0	\$0

Name: Dr. Wesley Payne
Institution: Three Rivers College
Phone: Anita Freeman
Contact Person: 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 20)20 Actual Expendi	tures	FY 202	1 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$189,413			\$205,416		
Medical/dental/vision insurance for self	\$7,176			\$7,279		
Medical/dental/vision insurance for spouse/family	\$0			\$0		
Long-term disability for self	\$0			\$0		
Deferred compensation	\$0			\$0		
Retirement benefit	\$28,502			\$33,161		
Other (please specify)						
Additional life insurance	Value					
Annuity	\$0					
TOTAL	\$225,091	\$0	\$0	\$245,856	\$0	\$0

Other Compensation:

	FY 2	020 Actual Expendi	tures	FY 2021 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			\$6,000		
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile	\$4,022			\$4,022		
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)						
Cell phone	\$963			\$1,332		
TOTAL	\$16,985	\$0	\$0	\$11,354	\$0	\$0

State Technical College

Name: Dr. Shawn Strong
Institution: State Technical College of Missouri
Phone: 573-897-5147
Contact Person: Jenny Jacobs

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 2020 Actual Expenditures			FY 2021 Estimated Expenditures			
		Private Funds			Private Funds		
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$190,800			\$190,800			
Medical/dental/vision insurance for self	\$7,679			\$7,963			
Medical/dental/vision insurance for spouse/family							
Long-term disability for self	\$1,049			\$1,049			
Deferred compensation							
Retirement benefit	\$41,537			\$43,655			
Other (please specify)							
Additional life insurance	Value						
Additional me insurance	value						
Annuity	Value						
TOTAL	\$241,065	\$0	\$0	\$243,467	\$0	\$0	

Other Compensation:

	FY 2	FY 2020 Actual Expenditures			FY 2021 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	\$13,308			\$13,308			
Utilities Housing allowance (provided for private	\$2,973			\$3,000			
rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)	\$10,250			\$10,250			
Automobile repair/maintenance/mileage Professional development	\$1,947			\$2,000			
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$28,478	\$0	\$0	\$28,558	\$0	\$0	