

July 2020

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Public Four-Year Universities

Name: Dr. Dwayne Smith (2019) Dr. Corey Bradford (2020)

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	019 Actual Expendi	tures	FY 202	0 Estimated Exper	nditures
		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	\$185,000			\$290,000		
Medical/dental/vision insurance for self						
Medical/dental/vision insurance for spouse/family	\$13,578			\$13,578		
Long-term disability for self	\$285			\$285		
Deferred compensation						
Retirement benefit	\$40,275			\$66,352		
Other (please specify)						
Basic Life Insurance	\$195			\$195		
A D and D Insurance	\$19			\$19		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$239,352	\$0	\$0	\$370,429	\$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 20	019 Actual Expendi	tures	FY 202	0 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	\$12,000			\$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	\$0			\$36,000		
TOTAL	\$12,000	\$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)19 Actual Expendi	tures	FY 202	0 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	\$240,000			\$234,000		
Medical/dental/vision insurance for self	\$8,028			\$8,028		
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					
TOTAL	\$298,884	\$0	\$0	\$292,884	\$0	\$0

Other Compensation:

	FY 20	019 Actual Expendi	tures	FY 2020 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	\$18,960			\$20,000		
Utilities	\$400			\$400		
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			\$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	\$27,000	\$0	\$(

Name: Dr. Alan Marble

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)19 Actual Expendi	tures	FY 202	0 Estimated Expen	ditures
	Institutional	Private Funds (e.g. Institution	Amount Above	Institutional	Private Funds (e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit		Foundations)	Standard Benefit
Base salary	\$192,945			\$195,125		
Medical/dental/vision insurance for self	\$7,157			\$7,453		
Medical/dental/vision insurance for spouse/family	\$0			\$0		
Long-term disability for self	\$261			\$284		
Deferred compensation	\$48,000		\$48,000	\$48,000		\$48,000
Retirement benefit	\$48,561			\$54,801		
Other (please specify)						
Basic Life and ADD	\$386			\$228		
GGOE Disbursement	\$1,062			\$570		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$298,372	\$0	\$48,000	\$306,461	\$0	\$48,000

Other Compensation:

	FY 2	019 Actual Expendi	tures	FY 202	0 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)				\$8,600		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$0	\$0	\$0	\$8,600	\$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)19 Actual Expendi	tures	FY 202	0 Estimated Exper	nditures
		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	\$336,956			\$351,800		
Medical/dental/vision insurance for self						
Medical/dental/vision insurance for spouse/family	\$5,002			\$4,400		
Long-term disability for self		_				
Deferred compensation						
Retirement benefit						
Other (please specify)						
Additional life insurance	Value					
Amaziki	Value					
Annuity	Value					
TOTAL	\$341,958	\$0	\$0	\$356,200	\$0	\$0

Other Compensation:

	FY 20	FY 2019 Actual Expenditures			FY 2020 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	\$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	\$1,154	\$5,820		\$950	\$5,820		
Other (please specify)							
TOTAL	\$41,154	\$5,820	\$0	\$40,950	\$5,820	\$0	

Name: Shirley Lawler, 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)19 Actual Expendi	tures	FY 202	0 Estimated Exper	nditures
		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	\$163,110			\$164,551		
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	\$163,110	\$0	\$0	\$164,551	\$0	\$0

Other Compensation:

	FY 2	019 Actual Expendi	tures	FY 2020 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	\$7,321		\$4,038	\$5,020		\$2,412
Utilities Housing allowance (provided for private rent/lease/purchase)	\$3,086			\$2,547		
Housekeeper	\$1,140			\$1,200		
Custodian, groundskeeper	\$5,905			\$5,984		
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	\$1,370			\$1,750		
Other (please specify)						
TOTAL	\$18,822	\$0	\$4,038	\$16,501	\$0	\$2,412

Name: Robert Vartabedian (FY19 Actual) -- Matthew Wilson (FY20 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	019 Actual Expendi	tures	FY 202	0 Estimated Exper	nditures
	Institutional	Private Funds (e.g. Institution	Amount Above	Institutional	Private Funds (e.g. Institution	Amount Above
Dece calary	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary Medical/dental/vision insurance for self	\$260,705 \$6,699			\$290,000 \$7,958		
Medical/dental/vision insurance for spouse/family				\$16,717		
Long-term disability for self	\$319			\$319		
Deferred compensation						
Retirement benefit	\$56,094			\$19,830		
Other (please specify) Basic Life Insurance	\$831			\$960		
Other (please specify) Annunity	\$24,500			\$24,500		
Additional life insurance	Value					
	\$522,000					
Annuity	Value					
	\$24,500					
TOTAL	\$349,148	\$0	\$0	\$360,284	\$0	\$0

Other Compensation:

	FY 20	019 Actual Expendi	tures	FY 2020 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 Compensatior (not reflected in budget)
Housing	\$28,000			\$28,000		
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile	\$12,500			\$12,500		
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships	\$2,940			\$2,667		
Other (please specify)						
TOTAL	\$43,440	\$0	\$0	\$43,167	\$0	\$(

Name: Dr. 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	019 Actual Expendi	tures	FY 202	0 Estimated Expen	ditures
	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	\$281,304			\$296,820		
Medical/dental/vision insurance for self	\$8,708			\$9,085		
Medical/dental/vision insurance for spouse/family	\$18,565			\$19,359		
Long-term disability for self	\$332			\$332		
Deferred compensation	\$20,000			\$20,000		
Retirement benefit	\$64,289			\$72,625		
Other (please specify) Basic Life Insurance (1x annual sa	\$578			\$578		
Additional life insurance	\$275,000					
Annuity	\$20,000					
TOTAL	\$393,776	\$0	\$0	\$418,799	\$0	\$0

Other Compensation:

	FY 2	019 Actual Expendi	tures	FY 202	0 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			\$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)						
TOTAL	\$0	\$0	\$27,300	\$0	\$0	\$27,300

Name: Carlos Vargas-Aburto

Institution: Southeast Missouri State University

Phone: Melissia Coffee

Contact Person: <u>(573)</u> 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)19 Actual Expendi	tures	FY 202	0 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	\$278,000			\$280,780		
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	\$278,000	\$0	\$0	\$280,780	\$0	\$0

Other Compensation:

	FY 20	019 Actual Expendi	tures	FY 2020 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 Compensatior (not reflected in budget)
Housing	\$30,000			\$30,000		
Utilities	\$5,487			\$6,100		
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	\$756			\$1,000		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
Automobile Insurance	\$1,168			\$1,200		
TOTAL	\$44,485	\$0	\$0	\$45,374	\$0	\$(

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

Institution: Truman State University

Phone: <u>(660)</u> 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	019 Actual Expendi	tures	FY 202	0 Estimated Exper	nditures
		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	\$268,400	,	Standard Benefit	\$268,775	Í	Standard Benefit
Medical/dental/vision insurance for self	\$6,985			\$7,684		
Medical/dental/vision insurance for spouse/family	\$4,194			\$3,674		
Long-term disability for self	\$202			\$194		
Deferred compensation						
Retirement benefit	\$54,122			\$58,382		
Other (please specify)						
AD&D	\$35			\$34		
Life Insurance	\$130			\$127		
FICA/Medicare	\$12,118			\$12,131		
Additional life insurance	Value					
.						
Annuity	Value					
TOTAL	\$346,186	\$0	\$0	\$351,001	\$0	\$0

Other Compensation:

	FY 2	019 Actual Expendi	tures	FY 2020 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	\$9,457			\$8,427		
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper	\$3,190			\$2,400		
Insurance for personal property	\$259			\$258		
Entertainment						
Automobile	\$2,770			\$2,666		
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage	\$1,619			\$1,872		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$17,295	\$0	\$0	\$15,623	\$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	019 Actual Expendi	tures	FY 202	0 Estimated Exper	nditures
		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	\$290,000			\$290,000		
Medical/dental/vision insurance for self	\$9,229			\$9,229		
Medical/dental/vision insurance for spouse/family	\$2,846			\$2,846		
Long-term disability for self	\$450			\$424		
Deferred compensation						
Retirement benefit	\$52,427			\$68,110		
Other (please specify)						
Car Allowance	\$12,000			\$12,000		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$366,952	\$0	\$0	\$382,609	\$0	\$0

Other Compensation:

	FY 2	019 Actual Expendi	tures	FY 202	0 Estimated Exper	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					\$756	
Automobile						
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development	\$4,535			\$4,602		
Expense for spouse/family to attend meetings						
Club/other memberships	\$527			\$646		
Other (please specify)						
TOTAL	\$5,062	\$0	\$0	\$5,248	\$756	\$(

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

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

Institution: University of Missouri System

Phone: 573-884-2021

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 2019 Actual Expenditures 7/1/2018 - 6/30/2019			FY 2020 Estimated Expenditures 7/1/2019 - 6/30/2020		
	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit
Base salary	\$530,000			\$538,480		
Medical/dental/vision insurance for self	\$5,355			\$5,997		
Medical/dental/vision insurance for spouse/family	\$9,106			\$11,002		
Long-term disability for self	\$257			\$230		
Deferred compensation	\$50,000		\$50,000	\$50,000		\$50,000
Retirement benefit ¹	\$52,413			\$55,853		
Other (please specify)						
- ER Paid Life Insurance	\$612			\$534		
- Retiree Health & Welfare	\$8,268			\$7,377		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$656,011	\$0	\$50,000	\$669,473	\$0	\$50,000

¹ Note regarding change in methdology: in prior years, the Retirement Benefit (row 18) consisted of contributions made only to the defined benefit plan and retiree health & welfare. Any contributions that were made to the 401(a) Defined Contribution Plan were reported under Other Compensation below (row 49). The new methodology more logically reports the contributions that were made to both the defined benefit and defined contribution as part of the Core Retirement Plan (row 18). Retiree Health & Welfare has been moved to Other Direct Compensation (row 21), and only payments made to the 401(a) that are outside of the core retirement plan are repoted in row

Other Compensation:

		FY 2019 Actual Expenditures 7/1/2018 - 6/30/2019			FY 2020 Estimated Expenditures 7/1/2019 - 6/30/2020		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)		Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing	university 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			\$17,876			
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
- ER Contribution to 401(a)	\$41,250			\$42,000			
TOTAL	\$59,117	\$0	\$0	\$59,876	\$0	\$0	

Name:	Alexander Cartwright - Chancellor (8/1/2017 - 4/13/2020)	EMPLID: 10286864
Institution:	University of Missouri - Columbia	
Phone:	573-884-2021	
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 2019 Actual Expenditures 7/1/2018 - 6/30/2019			FY 2020 Estimated Expenditures 7/1/2019 - 4/13/2020		
	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit
Base salary	\$491,667			\$390,212		
Medical/dental/vision insurance for self	\$5,037			\$4,508		
Medical/dental/vision insurance for spouse/family	\$8,458			\$8,056		
Long-term disability for self	\$257			\$196		
Deferred compensation	\$25,000			\$25,000		
Retirement benefit ¹	\$49,168			\$37,020		
Other (please specify)						
- ER Paid Life Insurance	\$628			\$491		
- Retiree Health & Welfare	\$7,670			\$5,138		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$587,885	\$0	\$0	\$470,621	\$0	\$0

¹ Note regarding change in methology: in prior years, the Retirement Benefit (row 18) consisted of contributions made only to the defined benefit plan and retiree health & welfare. Any contributions that were made to the 401(a) Defined Contribution Plan were reported under Other Compensation below (row 49). The new methodology more logically reports the contributions that were made to both the defined benefit and defined contribution as part of the Core Retirement Plan (row 18). Retiree Health & Welfare has been moved to Other Direct Compensation (row 21), and only payments made to the 401(a) that are outside of the core retirement plan are reported in row 49 below.

Other Compensation:

		19 Actual Expendi /1/2018 - 6/30/201		FY 2020 Estimated Expenditures 7/1/2019 - 4/13/2020		
	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	university 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)	\$15,315			\$11,950		
Automobile repair/maintenance/mileage						
Professional development Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$15,315	\$0	\$0	\$11,950	\$0	\$0

Name:	C. Mauli Agrawal - Chancellor (6/20/2018 - present)	EMPLID: 10290046
Institution:	University of Missouri - Kansas City	_
Phone:	573-884-2021	<u>-</u>
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 2019 Actual Expenditures 7/1/2018 - 6/30/2019			FY 2020 Estimated Expenditures 7/1/2019 - 6/30/2020			
	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit	
Base salary	\$400,000			\$399,458			
Medical/dental/vision insurance for self	\$7,797			\$7,983			
Medical/dental/vision insurance for spouse/family	\$13,714			\$15,118			
Long-term disability for self	\$257			\$230			
Deferred compensation	\$20,000		\$20,000	\$20,000		\$20,000	
Retirement benefit ¹	\$50,516			\$45,544			
Other (please specify)							
- ER Paid Life Insurance	\$433			\$332			
- Retiree Health & Welfare	\$6,474			\$5,695			
Additional life insurance	Value						
Annuity	Value						
TOTAL	\$499,191	\$0	\$20,000	\$494,360	\$0	\$20,000	

¹ Note regarding change in methology: in prior years, the Retirement Benefit (row 18) consisted of contributions made only to the defined benefit plan and retiree health & welfare. Any contributions that were made to the 401(a) Defined Contribution Plan were reported under Other Compensation below (row 49). The new methodology more logically reports the contributions that were made to both the defined benefit and defined contribution as part of the Core Retirement Plan (row 18). Retiree Health & Welfare has been moved to Other Direct Compensation (row 21), and only payments made to the 401(a) that are outside of the core retirement plan are repoted in row 49 below.

Other Compensation:

	FY 2019 Actual Expenditures 7/1/2018 - 6/30/2019			FY 2020 Estimated Expenditures 7/1/2019 - 6/30/2020		
	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	\$13,750			\$15,000		
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)	\$13,750			\$15,000		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$27,500	\$0	\$0	\$30,000	\$0	\$0

Name:	Mohammad Dehghani - Chancellor (8/1/2019 - present)	EMPLID: 10295768
Institution:	Missouri University of Science & Technology	
Phone:	573-884-2021	
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 2019 Actual Expenditures NA			FY 2020 Estimated Expenditures 8/1/2019 - 6/30/2020		
	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit
Base salary				\$360,000		
Medical/dental/vision insurance for self				\$4,982		
Medical/dental/vision insurance for spouse/family				\$8,993		
Long-term disability for self				\$209		
Deferred compensation				\$10,000		\$10,000
Retirement benefit ¹				\$45,311		
Other (please specify)						
- ER Paid Life Insurance				\$115		
- Retiree Health & Welfare				\$4,932		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$0	\$0	\$0	\$434,542	\$0	\$10,000

¹Note regarding change in methdology: in prior years, the Retirement Benefit (row 18) consisted of contributions made only to the defined benefit plan and retiree health & welfare. Any contributions that were made to the 401(a) Defined Contribution Plan were reported under Other Compensation below (row 49). The new methodology more logically reports the contributions that were made to both the defined benefit and defined contribution as part of the Core Retirement Plan (row 18). Retiree Health & Welfare has been moved to Other Direct Compensation (row 21), and only payments made to the 401(a) that are outside of the core retirement plan are repoted in row 49 below.

Other Compensation:

	FY 20	019 Actual Expendi NA	tures	FY 2020 Estimated Expenditures 8/1/2019 - 6/30/2020		
	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				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)				\$13,750		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$0	\$0	\$0	\$13,750	\$0	\$0

Name: Christopher Maples - Interim Chancellor (5/15/2017 - 8/1/2019) EMPLID: 10286516

Institution: Missouri University of Science & Technology
Phone: 573-884-2021

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 2019 Actual Expenditures 7/1/2018 - 6/30/2019			FY 2020 Estimated Expenditures 7/1/2019 - 8/1/2019		
	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit
Base salary	\$279,167			\$23,333		
Medical/dental/vision insurance for self	\$5,037			\$460		
Medical/dental/vision insurance for spouse/family	\$4,497			\$443		
Long-term disability for self	\$257			\$21		
Deferred compensation						
Retirement benefit ¹	\$34,701			\$2,977		
Other (please specify)						
- ER Paid Life Insurance	\$202			\$17		
- Retiree Health & Welfare	\$4,355			\$320		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$328,216	\$0	\$0	\$27,571	\$0	\$0

¹Note regarding change in methdology: in prior years, the Retirement Benefit (row 18) consisted of contributions made only to the defined benefit plan and retiree health & welfare. Any contributions that were made to the 401(a) Defined Contribution Plan were reported under Other Compensation below (row 49). The new methodology more logically reports the contributions that were made to both the defined benefit and defined contribution as part of the Core Retirement Plan (row 18). Retiree Health & Welfare has been moved to Other Direct Compensation (row 21), and only payments made to the 401(a) that are outside of the core retirement plan are reported in row 49 below.

Other Compensation:

	FY 2019 Actual Expenditures 7/1/2018 - 6/30/2019			FY 2020 Estimated Expenditures 7/1/2019 - 8/1/2019		
	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	university 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)	\$12,000			\$1,000		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$12,000	\$0	\$0	\$1,000	\$0	\$0

Kristin Sobolik - Chancellor (4/9/2020 - present);

Name: Interim (9/1/2019 - 4/8/2020)

Institution: University of Missouri - St. Louis

Phone: 573-884-2021

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 2019 Actual Expenditures NA			FY 2020 Estimated Expenditures 9/1/2019 - 6/30/2020		
	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit
Base salary				\$281,212		
Medical/dental/vision insurance for self				\$4,538		
Medical/dental/vision insurance for spouse/family				\$8,321		
Long-term disability for self				\$188		
Deferred compensation				\$20,000		\$20,000
Retirement benefit ¹				\$35,640		
Other (please specify)						
- ER Paid Life Insurance				\$252		
- Retiree Health & Welfare				\$3,853		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$0	\$0	\$0	\$354,004	\$0	\$20,000

Note regarding change in methology: in prior years, the Retirement Benefit (row 18) consisted of contributions made only to the defined benefit plan and retiree health & welfare. Any contributions that were made to the 401(a) Defined Contribution Plan were reported under Other Compensation below (row 49). The new methodology more logically reports the contributions that were made to both the defined benefit and defined contribution as part of the Core Retirement Plan (row 18). Retiree Health & Welfare has been moved to Other Direct Compensation (row 21), and only payments made to the 401(a) that are outside of the core retirement plan are repoted in row 49 below.

Other Compensation:

	FY 20	19 Actual Expendi	tures	FY 20	20 Estimated Expendi	itures
		NA	T	!	9/1/2019 - 6/30/2020)
	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				university provided		
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile				\$280		
Automobile allowance (provided for private lease/purchase)				\$3,750		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$0	\$0	\$0	\$4,030	\$0	\$0

Name:	Thomas George - Chancellor (9/1/2003 - 9/1/2019)	EMPLID: 10223340
Institution:	University of Missouri - St. Louis	
Phone:	573-884-2021	
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.

		19 Actual Expendi 1/2018 - 6/30/201		FY 2020 Estimated Expenditures 7/1/2019 - 9/1/2019		
	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit
Base salary	\$323,969			\$54,134		
Medical/dental/vision insurance for self	\$7,797			\$1,344		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$257			\$43		
Deferred compensation						
Retirement benefit ¹	\$36,155			\$6,171		
Other (please specify)						
- ER Paid Life Insurance	\$47			\$8		
- Retiree Health & Welfare	\$5,054			\$742		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$373,279	\$0	\$0	\$62,442	\$0	\$0

¹ Note regarding change in methology: in prior years, the Retirement Benefit (row 18) consisted of contributions made only to the defined benefit plan and retiree health & welfare. Any contributions that were made to the 401(a) Defined Contribution Plan were reported under Other Compensation below (row 49). The new methodology more logically reports the contributions that were made to both the defined benefit and defined contribution as part of the Core Retirement Plan (row 18). Retiree Health & Welfare has been moved to Other Direct Compensation (row 21), and only payments made to the 401(a) that are outside of the core retirement plan are repoted in row 49 below.

Other Compensation:

		019 Actual Expendi /1/2018 - 6/30/201		FY 2020 Estimated Expenditures 7/1/2019 - 9/1/2019		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)		Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing	university provided			university provided		
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile	\$2,789			\$3,044		
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
- ER Contribution to 401(a)	\$55,000			\$37,333		
TOTAL	\$57,789	\$0	\$0	\$40,377	\$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)19 Actual Expendi	tures	FY 202	0 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	\$180,000			\$180,000		
Medical/dental/vision insurance for self						
Medical/dental/vision insurance for spouse/family						
Long-term disability for self						
Deferred compensation						
Retirement benefit	\$26,100			\$26,100		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$206,100	\$0	\$0	\$206,100	\$0	\$0

Other Compensation:

	FY 20	019 Actual Expendi	tures	FY 202	0 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: Dr. Carl (Jon) Bauer

Institution: East Central College

Phone: Annette Moore

Contact Person: 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 20	019 Actual Expendi	tures	FY 202	0 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	\$151,742			\$151,742		
Medical/dental/vision insurance for self	\$8,124			\$8,607		
Medical/dental/vision insurance for spouse/family	\$7,944		\$7,944	\$8,667		\$8,667
Long-term disability for self	\$242			\$242		
Deferred compensation						
Retirement benefit	\$23,180			\$23,251		
Misc entertainemnt		\$3,732	\$3,732		\$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	Value					
**The College Provides \$100k Basic Life - Dr. Bauer Purchased an Additional \$140,000						
Annuity	Value					
TOTAL	\$202,554	\$3,732	\$22,876	\$203,831	\$3,300	\$23,167

Other Compensation:

	FY 20	019 Actual Expendi	tures	FY 202	0 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
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: <u>Dr. Ray Cummiskey, President</u>

Institution: Jefferson College

Phone: <u>(636)481-3120</u>

Contact Person: Daryl Gehbauer, Vice President Fianance 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	019 Actual Expendi	tures	FY 202	0 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit
Base salary	\$221,157	1 oundations)	Standard Benefit	\$225,580	,	Standard Benefit
Medical/dental/vision insurance for self	\$7,257			\$7,874		
Medical/dental/vision insurance for spouse/family	\$0			\$0		
Long-term disability for self	\$236			\$223		
Deferred compensation	\$0			\$0		
Retirement benefit	\$33,398			\$34,129		
Other (please specify) Insruance Reimbursement	\$1,920			\$1,920		
Additional life insurance	\$0					
Annuity	\$0					
TOTAL	\$263,968	\$0	\$0	\$269,726	\$0	\$0

Other Compensation:

	FY 2	019 Actual Expendi	tures	FY 202	0 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	\$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. Michael Banks - Interim President BR Campus 1/19-6/19

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	019 Actual Expendi	tures	FY 202	0 Estimated Exper	nditures
		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	\$85,266					
Medical/dental/vision insurance for self	\$4,738					
Medical/dental/vision insurance for spouse/family	\$5,361					
Long-term disability for self	\$315					
Deferred compensation						
Retirement benefit	\$12,363					
Other (please specify)						
403b	\$0					
Life Insurance	\$1,333		\$445			
Additional life insurance	Value					
	7 4.14.5					
Annuity	Value					
TOTAL	\$109,376	\$0	\$445	\$0	\$0	\$0

Other Compensation:

	FY 2	019 Actual Expendi	tures	FY 202	0 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						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile	\$3,600					
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	\$(

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

Name: Campuses as of 6/19

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	019 Actual Expendi	tures	FY 202	0 Estimated Expen	ditures
		Private Funds		1 22 2	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	\$13,667	,		\$164,000	,	
Medical/dental/vision insurance for self	\$0			\$10,887		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$0			\$588		
Deferred compensation						
Retirement benefit	\$1,982			\$23,780		
Other (please specify)						
403b	\$0			\$317		
Life Insurance	\$0			\$1,281		\$427
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$15,649	\$0	\$0	\$200,853	\$0	\$427

Other Compensation:

	FY 2	019 Actual Expendi	tures	FY 202	FY 2020 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: <u>Dr. Jackie Gill - President of Business & Technology Campus</u> from 7/1/18-7/1/19

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	019 Actual Expendi	tures	FY 202	0 Estimated Exper	nditures
	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	\$172,195					
Medical/dental/vision insurance for self	\$9,476					
Medical/dental/vision insurance for spouse/family	\$0					
Long-term disability for self	\$630					
Deferred compensation						
Retirement benefit	\$24,968					
Other (please specify)						
403b	\$1,000					
Life Insurance	\$1,346		\$450			
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$209,615	\$0	\$450	\$0	\$0	\$0

Other Compensation:

	FY 2	019 Actual Expendi	tures	FY 202	0 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						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile	\$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	\$7,200	\$0	\$0	\$0	\$0	\$(

Name: <u>Dr. Kimberly Beatty - Chancellor, Interim President of Longview 1/20-6/20</u>

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)19 Actual Expendi	tures	FY 202	0 Estimated Expen	ditures
	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	\$275,000			\$277,750		
Medical/dental/vision insurance for self	\$10,069			\$10,887		
Medical/dental/vision insurance for spouse/family	\$5,677			\$5,269		
Long-term disability for self	\$966			\$1,008		
Deferred compensation						
Retirement benefit	\$39,875			\$40,274		
Other (please specify)						
403b	\$0			\$0		
Life Insurance	\$2,148		\$716	\$2,172		\$724
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$333,735	\$0	\$716	\$337,360	\$0	\$724

Other Compensation:

	FY 2	019 Actual Expendi	tures	FY 2020 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		\$682			\$3,600	
Automobile	\$12,000			\$12,000		
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	\$12,000	\$682	\$0	\$12,000	\$3,600	\$0

Name: <u>Dr. Utpal Goswami - President of Maple Woods 7/18-8/18, President of Lo</u>ngview Campus 8/18-12/19

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	019 Actual Expendi	tures	FY 202	0 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit
Base salary	\$185,000			\$93,425	·	
Medical/dental/vision insurance for self	\$9,476			\$4,738		
Medical/dental/vision insurance for spouse/family	\$6,270			\$3,135		
Long-term disability for self	\$672			\$336		
Deferred compensation						
Retirement benefit	\$26,825			\$13,547		
Other (please specify)						
403b	\$1,000			\$1,000		
Life Insurance	\$1,445		\$482	\$730		\$243
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$230,688	\$0	\$482	\$116,911	\$0	\$243

Other Compensation:

	FY 2	019 Actual Expendi	tures	FY 202	0 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	\$7,200			\$3,600		
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	\$7,200	\$0	\$0	\$3,600	\$0	\$0

Dr. Tyjaun Lee - President of Penn Valley Campus, President of Maple

Name: 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	019 Actual Expendi	tures	FY 202	0 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	\$178,000			\$179,780		
Medical/dental/vision insurance for self	\$9,114			\$9,850		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$630			\$630		
Deferred compensation						
Retirement benefit	\$25,810			\$26,068		
Other (please specify)						
403b	\$0			\$0		
Life Insurance	\$1,391		\$464	\$1,406		\$469
Additional life insurance	Value					
Annuity	Value					
,						
TOTAL	\$214,945	\$0	\$464	\$217,734	\$0	\$469

Other Compensation:

	EV 2	019 Actual Expendi	tures	EV 202	FY 2020 Estimated Expenditures		
	FY Z	l Actual Expendi	tures	FY 202	lo estimated expen	l	
	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: 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)19 Actual Expendi	tures	FY 202	0 Estimated Exper	nditures
	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit
Base salary	\$104,891			\$165,000	Í	
Medical/dental/vision insurance for self	\$5,185			\$7,539		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$160			\$160		
Deferred compensation	\$13,500		\$13,500			
Retirement benefit	\$18,226			\$25,007		
Other (please specify)						
Travel Allowance				\$5,000		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$141,962	\$0	\$13,500	\$202,706	\$0	\$0

Other Compensation:

	FY 2	019 Actual Expendi	tures	FY 202	0 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	\$2,675			\$0		
Automobile allowance (provided for private lease/purchase)	\$776			\$0		
Automobile repair/maintenance/mileage	\$375			\$0		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
Cell Phone	\$1,200			\$1,200		
TOTAL	\$5,026	\$0	\$0	\$1,200	\$0	\$0

Name: Jeffery C. Lashley

Institution: Moberly Area Community College

Phone: Ann Parks

Contact Person: 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 20)19 Actual Expend	tures	FY 202	0 Estimated Expen	ditures
	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	\$191,820			\$195,656		
Medical/dental/vision insurance for self	\$7,332		\$912	\$7,968		\$996
Medical/dental/vision insurance for spouse/family	\$12,072		\$10,393	\$13,104		\$11,281
Long-term disability for self	\$0			\$0		
Deferred compensation	\$0			\$0		
Retirement benefit	\$28,877			\$29,525		
Other (please specify)						
Basic life \$20,000, ADD \$20,000	\$28		\$0	\$28		\$0
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$240,129	\$0	\$11,305	\$246,281	\$0	\$12,277

Other Compensation:

	FY 2	019 Actual Expendi	tures	FY 2020 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	\$1,121			\$974		
TOTAL	\$1,121	\$0	\$0	\$974	\$0	\$0

Name: Dr. Lenny Klaver

Institution: North Central Missouri College

Phone: Tyson Otto

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

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	019 Actual Expendi	tures	FY 202	0 Estimated Exper	nditures
	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit
Base salary	\$149,947	,		\$160,000	Í	
Medical/dental/vision insurance for self	\$5,910			\$6,415		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self						
Deferred compensation						
Retirement benefit	\$22,599			\$24,130		
Other (please specify)						
Life Insurnace	\$114			\$114		
Additional life insurance	\$50,000					
Annuity	Value					
TOTAL	\$178,570	\$0	\$0	\$190,659	\$0	\$0

Other Compensation:

	FY 20	019 Actual Expendi	tures	FY 202	FY 2020 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	\$13,997			\$14,000			
Professional development				\$1,500			
Expense for spouse/family to attend meetings							
Club/other memberships	\$446			\$1,000			
Other (please specify)							
Phone Stipend	\$720			\$720			
TOTAL	\$26,163	\$1,200	\$0	\$28,220	\$1,200	\$0	

Name: Dr. Hal Higdon

Institution: Ozarks Technical Community College

Phone: 417-447-4837

Contact Person: Marla Moody

Direct Compensation:

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

	FY 20	019 Actual Expendi	tures	FY 202	0 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit
Base salary	\$277,914	· · ·		\$283,472	· canaanono,	
Medical/dental/vision insurance for self	\$6,934			\$7,154		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$130			\$108		
Deferred compensation						
Retirement benefit	\$39,875			\$40,600		
Other (please specify)						
Group Term Life Insurance	\$102			\$102		
Health and Wellness Center	\$624			\$624		
403b	\$23,230		\$23,230	\$23,230		\$23,230
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$348,809	\$0	\$23,230	\$355,290	\$0	\$23,230

Other Compensation:

	FY 20	019 Actual Expendi	tures	FY 202	FY 2020 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	\$1,919			\$1,777			
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$14,039	\$0	\$0	\$13,897	\$0	\$0	

Name: Dr. Cliff Davis

Institution: Ozarks Technical Community College

Phone: 417-447-4837

Contact Person: Marla Moody

Direct Compensation:

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

	FY 20)19 Actual Expendi	tures	FY 202	0 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	\$140,067			\$142,868		
Medical/dental/vision insurance for self	\$6,934			\$7,154		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$130			\$108		
Deferred compensation						
Retirement benefit	\$21,315			\$21,753		
Other (please specify)						
Group Term Life Insurance	\$102			\$102		
Health and Wellness Center	\$624			\$624		
Additional life insurance	Value					
	7 4.74.0					
Annuity	Value					
TOTAL	\$169,172	\$0	\$0	\$172,609	\$0	\$0

Other Compensation:

	FY 20	019 Actual Expendi	tures	FY 202	FY 2020 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	\$2,920			\$1,519			
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
TOTAL	\$12,520	\$0	\$0	\$11,119	\$0	\$0	

Name: Dr. Jeffrey Jochems

Institution: Ozarks Technical Community College

Phone: 417-447-4837

Contact Person: Marla Moody

Direct Compensation:

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

	FY 20	019 Actual Expendi	tures	FY 202	0 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit	Institutional Operating Funds	Private Funds (e.g. Institution Foundations)	Amount Above Standard Benefit
Base salary	\$140,067	1 oundations)	Standard Benefit	\$142,868	,	Standard Benefit
Medical/dental/vision insurance for self	\$7,238			\$7,370		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$130			\$108		
Deferred compensation						
Retirement benefit	\$21,359			\$21,785		
Other (please specify)						
Group Term Life Insurance	\$102			\$102		
Health and Wellness Center	\$624			\$624		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$169,520	\$0	\$0	\$172,857	\$0	\$0

Other Compensation:

	FY 20	019 Actual Expendi	tures	FY 2020 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	\$2,841			\$1,142		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$2,841	\$0	\$0	\$1,142	\$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	019 Actual Expendi	tures	FY 202	FY 2020 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	\$231,336			\$235,963				
Medical/dental/vision insurance for self	\$7,925		\$1,352	\$7,760		\$1,323		
Medical/dental/vision insurance for spouse/family								
Long-term disability for self			\$862			\$900		
Deferred compensation								
Retirement benefit	\$34,888			\$35,370				
Other (please specify) Life Insurance	\$204			\$211				
Supplemental Life Insurance			\$122			\$447		
Short Term Disability			\$318			\$636		
Identity Theft Protection			\$48			\$95		
Critical Illness						\$518		
Hospital Indemnity						\$92		
Legal Plan						\$144		
Additional life insurance	\$30,000							
Annuity	Value							
TOTAL	\$274,353	\$0	\$2,702	\$279,304	\$0	\$4,155		

Other Compensation:

	FY 20	019 Actual Expendi	tures	FY 202	FY 2020 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	019 Actual Expendit	ures	FY 202	20 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	\$315,531			\$330,518		
Medical/dental/vision insurance for self	\$41			\$41		
Medical/dental/vision insurance for spouse/family	\$33			\$33		
Long-term disability for self	\$299			\$299		
Deferred compensation						
Retirement benefit	\$39,775			\$41,353		
Other (please specify)						
403(b)			\$18,000			\$18,000
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$355,679	\$0	\$18,000	\$372,244	\$0	\$18,000

Other Compensation:

	FY 2	019 Actual Expendit	ures	FY 2020 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 - new title, started July 2019

Institution: St Louis Community College

Contact Person: Ron Portman, Payroll Supervisor

Phone: <u>314-539-5208</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	019 Actual Expendit	ures	FY 202	20 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		
Medical/dental/vision insurance for self				\$8,054		
Medical/dental/vision insurance for spouse/family				\$4,776		
Long-term disability for self				\$299		
Deferred compensation						
Retirement benefit				\$23,919		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$0	\$0	\$0	\$193,956	\$0	\$0

Other Compensation:

	FY 2	019 Actual Expendit	tures	FY 2020 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 - new title, started July 2019

Institution: St Louis Community College

Contact Person: Ron Portman, Payroll Supervisor

Phone: <u>314-539-5208</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	019 Actual Expendit	ures	FY 202	20 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				\$154,257		
Medical/dental/vision insurance for self				\$8,012		
Medical/dental/vision insurance for spouse/family				\$4,917		
Long-term disability for self				\$299		
Deferred compensation						
Retirement benefit				\$23,529		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$0	\$0	\$0	\$191,014	\$0	\$0

Other Compensation:

	FY 2	019 Actual Expendit	ures	FY 202	FY 2020 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: Felecia Moore-Davis, Meramec Campus President - new title, started July 2019

Institution: St Louis Community College

Contact Person: Ron Portman, Payroll Supervisor

Phone: <u>314-539-5208</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	019 Actual Expendit	ures	FY 202	20 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		
Medical/dental/vision insurance for self				\$399		
Medical/dental/vision insurance for spouse/family				\$406		
Long-term disability for self						
Deferred compensation						
Retirement benefit				\$21,534		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$0	\$0	\$0	\$163,506	\$0	\$0

Other Compensation:

	FY 2	019 Actual Expendit	tures	FY 2020 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 - new title, started July 2019

Institution: St Louis Community College

Contact Person: Ron Portman, Payroll Supervisor

Phone: <u>314-539-5208</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	019 Actual Expendit	ures	FY 202	20 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				\$146,880		
Medical/dental/vision insurance for self				\$8,054		
Medical/dental/vision insurance for spouse/family				\$411		
Long-term disability for self				\$299		
Deferred compensation						
Retirement benefit				\$22,465		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$0	\$0	\$0	\$178,109	\$0	\$0

Other Compensation:

	FY 2	019 Actual Expendit	ures	FY 202	FY 2020 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. 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)19 Actual Expendi	tures	FY 202	0 Estimated Exper	nditures
		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	\$173,364			\$176,658		
Medical/dental/vision insurance for self	\$7,644			\$8,063		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self						
Deferred compensation						
Retirement benefit	\$26,246			\$26,784		
Other (please specify) Life Insurance	\$158			\$177		
Additional life insurance	Value					
Amouth	Value					
Annuity	Value					
TOTAL	\$207,412	\$0	\$0	\$211,682	\$0	\$0

Other Compensation:

	FY 2	019 Actual Expendi	tures	FY 2020 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	\$4,800			\$4,800		
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 Stipend	\$1,200			\$1,200		
TOTAL	\$6,000	\$0	\$0	\$6,000	\$0	\$0

Name: Dr. Wesley Payne
Institution: Three Rivers College
Phone: 573-840-9105
Contact Person: Anita Freeman

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 2019 Actual Expenditures			FY 2020 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	\$185,699			\$189,413			
Medical/dental/vision insurance for self	\$6,520			\$7,048			
Medical/dental/vision insurance for spouse/family	\$0			\$0			
Long-term disability for self	\$0			\$0			
Deferred compensation	\$0			\$0			
Retirement benefit	\$27,871			\$28,487			
Other (please specify)							
Additional life insurance	Value						
Additional me insurance	value						
Annuity	Value						
TOTAL	\$220,090	\$0	\$0	\$224,948	\$0	\$0	

Other Compensation:

	FY 20	FY 2019 Actual Expenditures			FY 2020 Estimated Expenditures			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)		
Housing	\$12,000			\$12,000				
Utilities								
Housing allowance (provided for private rent/lease/purchase)								
Housekeeper								
Custodian, groundskeeper								
Insurance for personal property								
Entertainment								
Automobile Automobile allowance (provided for private lease/purchase)	\$4,804			\$6,000				
Automobile repair/maintenance/mileage								
Professional development								
Expense for spouse/family to attend meetings								
Club/other memberships								
Other (please specify)								
Cell Phone	\$1,169			\$984				
TOTAL	\$17,973	\$0	\$0	\$18,984	\$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 2019 Actual Expenditures			FY 2020 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			\$190,800			
Medical/dental/vision insurance for self	\$6,903			\$7,679			
Medical/dental/vision insurance for spouse/family	\$0			\$0			
Long-term disability for self	\$990			\$1,049			
Deferred compensation							
Retirement benefit	\$36,378			\$41,537			
Other (please specify)							
Additional life insurance	Value						
Annuity	Value						
TOTAL	6224.274	60	60	¢244.065	60	60	
TOTAL	\$224,271	\$0	\$0	\$241,065	\$0	\$0	

Other Compensation:

	FY 20	FY 2019 Actual Expenditures			FY 2020 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				\$2,149				
Housing allowance (provided for private rent/lease/purchase)								
Housekeeper								
Custodian, groundskeeper								
Insurance for personal property								
Entertainment								
Automobile	\$5,600			\$10,250				
Automobile allowance (provided for private lease/purchase)								
Automobile repair/maintenance/mileage	\$1,938			\$2,043				
Professional development								
Expense for spouse/family to attend meetings								
Club/other memberships								
Other (please specify)								
TOTAL	\$20,846	\$0	\$0	\$27,750	\$0	\$0		