# $\because$ DEPARTMENT OF HIGHER EDUCATION \& WORKFORCE DEVELOPMENT 

## 2020 President's \& Chancellor's Compensation Survey

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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above <br> Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above <br> 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 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 |  |  | \$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 |

## 2020 President's/Chancellor's Compensation Survey

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.


## 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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds <br> (e.g. Institutional <br> Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional Operating Funds | $\begin{array}{\|c\|} \hline \text { Private Funds } \\ \text { (e.g. Institutional } \\ \text { Foundations) } \\ \hline \end{array}$ | 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 | \$6,600 |  |  | \$6,600 |  |  |
| 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 | \$25,960 | \$0 | \$0 | \$27,000 | \$0 | \$0 |

Name: Dr. Alan Marble<br>Institution: Missouri Southern State University<br>Phone: 417-625-9805<br>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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above <br> Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above <br> 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:

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 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 |  |  |  |  |  |  |
| 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.


## 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 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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above <br> Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above <br> 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:

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 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 | \$7,321 |  | \$4,038 | \$5,020 |  | \$2,412 |
| Utilities | \$3,086 |  |  | \$2,547 |  |  |
| Housing allowance (provided for private rent/lease/purchase) |  |  |  |  |  |  |
| 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)<br>Institution: Missouri Western State University<br>Phone: 816-271-4287<br>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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 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 | \$260,705 |  |  | \$290,000 |  |  |
| Medical/dental/vision insurance for self | \$6,699 |  |  | \$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:

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 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 | \$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 | \$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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above <br> Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above <br> 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 ( 1 x annual s , | \$578 |  |  | \$578 |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Additional life insurance | \$275,000 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Annuity | \$20,000 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$393,776 | \$0 | \$0 | \$418,799 | \$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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | $\begin{array}{\|c\|} \hline \text { Private Funds } \\ \text { (e.g. Institutional } \\ \text { Foundations) } \\ \hline \end{array}$ | 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 |  |  | \$16,800 |  |  | \$16,800 |
| Automobile allowance (provided for private lease/purchase) |  |  |  |  |  |  |
| 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: | (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.


## 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 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 | \$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 | \$7,074 |  |  | \$7,074 |  |  |
| Automobile allowance (provided for private lease/purchase) |  |  |  |  |  |  |
| 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 | \$0 |

Name: Dr. Susan Thomas, President<br>Institution: Truman State University<br>Phone: (660) 785-7607<br>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.


## 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 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 |  |  |  |  |  |  |
| 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 | \$0 |

Name: Dr. Roger Best<br>Institution: University of Central Missouri<br>Phone: 660-543-4406<br>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.


## 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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | $\begin{aligned} & \text { Private Funds } \\ & \text { (e.g. Institutional } \\ & \text { Foundations) } \\ & \hline \end{aligned}$ | Estimated Value of Compensation (not reflected in budget) | Institutional Operating Funds | $\begin{aligned} & \text { Private Funds } \\ & \text { (e.g. Institutional } \\ & \text { Foundations) } \\ & \hline \end{aligned}$ | 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 | \$0 |



## 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.

${ }^{1}$ 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

 49 below.

## 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
 the estimated market rent for the property).

|  | FY 2019 Actual Expenditures 7/1/2018-6/30/2019 |  |  | FY 2020 Estimated Expenditures7/1/2019-6/30/2020 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 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 |  |  | 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 |

# 2020 President's/Chancellor's Compensation Survey 

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.

${ }^{1}$ 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 49 below.

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 2019 Actual Expenditures7/1/2018-6/30/2019 |  |  | FY 2020 Estimated Expenditures7/1/2019-4/13/2020 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | $\begin{array}{\|c\|} \hline \text { Private Funds } \\ \text { (e.g. Institutional } \\ \text { Foundations) } \\ \hline \end{array}$ | 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 |

# 2020 President's/Chancellor's Compensation Survey 

$$
\begin{aligned}
& \text { Name: } \text { C. Mauli Agrawal - Chancellor (6/20/2018 - present) } \\
& \text { Institution: University of Missouri - Kansas City } \\
& \text { Phone: } \text { 573-884-2021 } \\
& \text { Contact Person: Debora Hulett, Lead Compensation Consultant } \\
& \\
& \text { Direct Compensation: }
\end{aligned}
$$

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 Expenditures7/1/2019-6/30/2020 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 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 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:

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 2019 Actual Expenditures 7/1/2018-6/30/2019 |  |  | FY 2020 Estimated Expenditures7/1/2019-6/30/2020 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 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 meeting |  |  |  |  |  |  |
| Club/other memberships |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$27,500 | \$0 | \$0 | \$30,000 | \$0 | \$0 |

## 2020 President's/Chancellor's Compensation Survey

Name: Mohammad Dehghani - Chancellor (8/1/2019 - present)<br>Institution: Missouri University of Science \& Technology<br>Phone: 573-884-2021<br>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 Expenditures8/1/2019-6/30/2020 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 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 |

${ }^{1}$ 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 49 below.

## 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 2019 Actual Expenditures NA |  |  | FY 2020 Estimated Expenditures8/1/2019-6/30/2020 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | $\begin{gathered} \text { Private Funds } \\ \text { (e.g. Institutional } \\ \text { Foundations) } \\ \hline \end{gathered}$ | Estimated Value of Compensation (not reflected in budget) | Institutional Operating Funds | Private Funds (e.g. <br> Institutional <br> 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 |

## 2020 President's/Chancellor's Compensation Survey

Name: Christopher Maples - Interim Chancellor (5/15/2017-8/1/2019)
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 Expenditures7/1/2018-6/30/2019 |  |  | FY 2020 Estimated Expenditures7/1/2019-8/1/2019 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above <br> 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 |

${ }^{1}$ 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 49 below.

## 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 2019 Actual Expenditures7/1/2018-6/30/2019 |  |  | FY 2020 Estimated Expenditures7/1/2019-8/1/2019 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | $\begin{array}{\|c\|} \hline \text { Private Funds } \\ \text { (e.g. Institutional } \\ \text { Foundations) } \\ \hline \end{array}$ | 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); <br> Name: Interim ( 9/1/2019-4/8/2020) | $\begin{aligned} & \text { EMPLID: } \\ & 10285200 \end{aligned}$ |
| :---: | :---: |
| 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 <br> 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 |

${ }^{1}$ 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 49 below.

## 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 2019 Actual Expenditures NA |  |  | FY 2020 Estimated Expenditures 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 |

## 2020 President's/Chancellor's Compensation Survey

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.

${ }^{1}$ 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 49 below.

## 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 2019 Actual Expenditures 7/1/2018-6/30/2019 |  |  | FY 2020 Estimated Expenditures7/1/2019-9/1/2019 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 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 | \$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.


## 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 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 |  |  |  |  |  |  |
| 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 |

## 2020 President's/Chancellor's Compensation Survey

Name: Dr. Carl (Jon) Bauer<br>Institution: East Central College<br>Phone: Annette Moore<br>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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above <br> Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above <br> 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 <br> **The College Provides \$100k Basic Life - <br> Bauer Purchased an Additional \$140,000 | Value |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$202,554 | \$3,732 | \$22,876 | \$203,831 | \$3,300 | \$23,167 |

## 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 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 |  |  |  |  |  |  |
| 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 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.


## 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 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 | \$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 |

# 2020 President's/Chancellor's Compensation Survey 

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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 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 | \$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 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$109,376 | \$0 | \$445 | \$0 | \$0 | \$0 |

## Other Compensation:

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

|  | FY 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | $\begin{aligned} & \text { Private Funds } \\ & \text { (e.g. Institutional } \\ & \text { Foundations) } \end{aligned}$ | Estimated Value of Compensation (not reflected in budget) | Institutional Operating Funds | $\begin{aligned} & \text { Private Funds } \\ & \text { (e.g. Institutional } \\ & \text { Foundations) } \end{aligned}$ | 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 |  |  |  |  |  |
| 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 |

## 2020 President's/Chancellor's Compensation Survey

```
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.


## 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 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 |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |  |  |  |  |  |  |
| Housekeeper |  |  |  |  |  |  |
| Custodian, groundskeeper |  |  |  |  |  |  |
| Insurance for personal property |  |  |  |  |  |  |
| Entertainment |  |  |  |  |  |  |
| Automobile | \$600 |  |  | \$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 | \$600 | \$0 | \$0 | \$7,200 | \$0 | \$0 |

Name: Dr. Jackie Gill - President of Business \& Technology Campus 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.


## 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 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 |  |  |  |  |  |  |
| 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 | \$0 |

Name: Dr. Kimberly Beatty - Chancellor, Interim President of Longview 1/20-6/20
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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 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 | \$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:

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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | $\begin{aligned} & \text { Private Funds } \\ & \text { (e.g. Institutional } \\ & \text { Foundations) } \\ & \hline \end{aligned}$ | 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: Dr. Utpal Goswami - President of Maple Woods 7/18-8/18, President of Longview 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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 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:

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 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 |  |  |  |  |  |  |
| 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 |

## 2020 President's/Chancellor's Compensation Survey

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

## 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 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 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 | \$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:

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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | $\begin{aligned} & \text { Private Funds } \\ & \text { (e.g. Institutional } \\ & \text { Foundations) } \end{aligned}$ | Estimated Value of Compensation (not reflected in budget) | Institutional Operating Funds | $\begin{aligned} & \text { Private Funds } \\ & \text { (e.g. Institutional } \\ & \text { Foundations) } \end{aligned}$ | 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 |  |  | \$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 | \$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.


## 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 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 |  |  |  |  |  |  |
| 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: 6602634100 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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above <br> Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above <br> 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:

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 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 |  |  |  |  |  |  |
| 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: | $660-359-3948$, 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.


## 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 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 |  |  |  |  |  |  |
| 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<br>Institution: Ozarks Technical Community College<br>Phone: 417-447-4837<br>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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | 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 |  |  |
| 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:

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 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 |  |  |  |  |  |  |
| 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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above <br> 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 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$169,172 | \$0 | \$0 | \$172,609 | \$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 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 |  |  |  |  |  |  |
| 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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above <br> Standard Benefit |
| Base salary | \$140,067 |  |  | \$142,868 |  |  |
| 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:

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 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 |  |  |  |  |  |  |
| 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 | \$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.


## 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 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 |  |  |  |  |  |  |
| 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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g Institution Foundations) | Amount Above <br> 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:
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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. <br> Institutional <br> 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 | \$11,100 |  |  | \$11,100 |  |  |
| 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 | \$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: 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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g Institution Foundations) | Amount Above <br> 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:
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 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 |  |  |  |  |  |  |
| 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: $314-539-5208$

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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g Institution Foundations) | Amount Above <br> 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:
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 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 |  |  |  |  |  |  |
| 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<br>Institution: St Louis Community College<br>Contact Person: Ron Portman, Payroll Supervisor<br>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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above <br> Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above 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:
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 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 |  |  |  |  |  |  |
| 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<br>Institution: St Louis Community College<br>Contact Person: Ron Portman, Payroll Supervisor<br>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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | Private Funds (e.g Institution Foundations) | Amount Above <br> 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:
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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. <br> Institutional <br> Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional Operating Funds | Private Funds (e.g. <br> Institutional <br> 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.


## 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 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 |  |  |  |  |  |  |
| 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<br>Institution: Three Rivers College<br>Phone: 573-840-9105<br>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 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above <br> Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above <br> 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 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$220,090 | \$0 | \$0 | \$224,948 | \$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 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | $\begin{aligned} & \text { Private Funds } \\ & \text { (e.g. Institutional } \\ & \text { Foundations) } \\ & \hline \end{aligned}$ | Estimated Value of Compensation (not reflected in budget) | Institutional Operating Funds | $\begin{aligned} & \text { Private Funds } \\ & \text { (e.g. Institutional } \\ & \text { Foundations) } \\ & \hline \end{aligned}$ | 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 | \$4,804 |  |  | \$6,000 |  |  |
| 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) |  |  |  |  |  |  |
| 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 <br> 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 |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above <br> Standard Benefit | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above <br> 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 | \$224,271 | \$0 | \$0 | \$241,065 | \$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 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 |

