

April 2022

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Public Four-Year Universities

Name: Dr. Corey Bradford, Sr. (2021) Dr. La Tonia Collins Smith (2022)

Institution: Harris-Stowe State University

Phone: 314-340-3335
Contact Person: Brian M. Huggins

Direct Compensation:

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

	FY 20	021 Actual Expendi	tures	FY 2022 Estimated Expenditures			
		Private Funds			Private Funds		
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$295,800			\$200,000			
Medical/dental/vision insurance for self							
Medical/dental/vision insurance for spouse/family	\$13,015			\$6,874			
Long-term disability for self	\$285			\$288			
Deferred compensation							
Retirement benefit	\$69,543			\$47,020			
Other (please specify)							
Basic Life Insurance	\$195			\$198			
A D and D Insurance	\$19			\$19			
Additional life insurance	Value						
Additional me insurance	value						
Annuity	Value						
TOTAL	\$378,857	\$0	\$0	\$254,399	\$0	\$0	

Other Compensation:

	FY 20	FY 2021 Actual Expenditures			FY 2022 Estimated Expenditures		
			Estimated Value			Estimated Value	
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	of Compensation (not reflected in budget)	
Housing	\$48,000			\$0			
Utilities Housing allowance (provided for private rent/lease/purchase)							
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage							
Professional development Expense for spouse/family to attend meetings							
Club/other memberships							
Other (please specify)							
Annuity	\$36,000			\$0			
TOTAL	\$84,000	\$0	\$0	\$0	\$0	\$0	

Name: Dr. Jerald Jones Woolfolk/Dr. John Moseley
Institution: Lincoln University
Phone: 573-681-5073
Contact Person: Sandy Koetting

Direct Compensation:

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

	FY 20)21 Actual Expendi	tures	FY 202	2 Estimated Expen	Estimated Expenditures	
		Private Funds			Private Funds		
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$240,000				\$250,000		
Medical/dental/vision insurance for self	\$7,278						
Medical/dental/vision insurance for spouse/family					\$15,377		
Long-term disability for self	\$1,982				\$2,065		
Deferred compensation							
Retirement benefit	\$54,912				\$57,200		
Other (please specify) - Basic Life	\$960				\$1,000		
Additional life insurance	Value						
Annuity	Value						
	\$20,000						
TOTAL	\$305,132	\$0	\$0	\$0	\$325,642	\$0	

Other Compensation:

	FY 20	FY 2021 Actual Expenditures			FY 2022 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	\$36,000				\$36,000		
Utilities Housing allowance (provided for private rent/lease/purchase)	\$10,831				\$10,831		
Housekeeper							
Custodian, groundskeeper	\$21,710				\$21,710		
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)	\$6,600				\$6,600		
Automobile repair/maintenance/mileage							
Professional development Expense for spouse/family to attend meetings							
Club/other memberships	\$8,126				\$8,126		
Other (please specify)							
TOTAL	\$83,267	\$0	\$0	\$0	\$83,267	\$0	

Name: Dr. Dean Van Galen

Institution: Missouri Southern State University

Phone: 417-625-9805

Contact Person: Evan Jewsbury, Chief Human Resources Officer

Direct Compensation:

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

	FY 20)21 Actual Expendi	tures	FY 2022 Estimated Expenditures			
		Private Funds			Private Funds		
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$284,038			\$270,000			
Medical/dental/vision insurance for self	\$1,250			\$1,135			
Medical/dental/vision insurance for spouse/family	\$6,014			\$6,867			
Long-term disability for self	\$251			\$260			
Deferred compensation	-			-			
Retirement benefit	\$55,836			\$63,477			
Other (please specify)							
Basic Life and ADD	\$244			\$227			
Additional life insurance	Value						
Annuity	Value						
TOTAL	\$347,635	\$0	\$0	\$341,966	\$0	\$0	

Other Compensation:

	FY 20	021 Actual Expendi	tures	FY 2022 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing	\$25,000			\$25,000		
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private						
lease/purchase)	\$15,000			\$15,000		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$40,000	\$0	\$0	\$40,000	\$0	\$0
	\$387,634	· ·	•	\$381,966	· · · · · ·	•

Name: Clif Smart

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

Contact Person: Kristin Bilyeu

Direct Compensation:

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

	FY 20)21 Actual Expend	tures	FY 202	2 Estimated Exper	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$364,231			\$391,400		
Medical/dental/vision insurance for self	\$4,439			\$4,784		
Medical/dental/vision insurance for spouse/family	\$4,439			\$4,784		
Long-term disability for self	\$420			\$358		
Deferred compensation						
Retirement benefit	\$68,053			\$56,296		
Other (please specify)						
Accidental Death & Dismemberment	\$65			\$61		
Basic Life Insurance	\$333			\$345		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$441,980	\$0	\$0	\$458,028	\$0	\$0

Other Compensation:

	FY 2	FY 2021 Actual Expenditures			FY 2022 Estimated Expenditures		
	11.2			11202			
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	
Housing							
Utilities							
Housing allowance (provided for private rent/lease/purchase)	\$40,000			\$40,000			
Housekeeper							
Custodian, groundskeeper							
Insurance for personal property							
Entertainment							
Automobile Automobile allowance (provided for private lease/purchase)							
Automobile repair/maintenance/mileage							
Professional development							
Expense for spouse/family to attend meetings							
Club/other memberships	\$1,500	\$6,402		\$1,500	\$6,402		
Other (please specify)							
TOTAL	\$41,500	\$6,402	\$0	\$41,500	\$6,402	\$0	

Name: Dr. Dennis Lancaster, Interim Chancellor July 1, 2020 - December 31, 2021

Name: Dr. Dennis Lancaster, Chancellor January 1, 2022

Institution: Missouri State University - West Plains

Phone: 417-836-3002
Contact Person: Kristin Bilyeu

Direct Compensation:

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

	FY 20	021 Actual Expendi	tures	FY 2022 Est	imated Expenditur	es
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional Operating	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Funds	Foundations)	Standard Benefit
Base salary	\$130,741			\$146,856		
Medical/dental/vision insurance for self	\$4,420			\$4,783		
Medical/dental/vision insurance for spouse/family	\$4,420			\$4,783		
Long-term disability for self	\$125			\$145		
Deferred compensation						
Retirement benefit	\$29,914			\$34,039		
Other (please specify)						
Accidental Death & Dismemberment	\$19			\$21		
Basic Life Insurance	\$100			\$117		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$169,739	\$0	\$0	\$190,744	\$0	\$0

Other Compensation:

	FY 2	FY 2021 Actual Expenditures			imated Expenditur	es
	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)	\$0			\$9,000		
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships	\$1,579			\$1,752		
Other (please specify)						
TOTAL	\$1,579	\$0	\$0	\$10,752	\$0	\$0

Name: Elizabeth Kennedy
Institution: Missouri Western State University
Phone: (816) 271-4287

Contact Person: Sara Freemyer, Director of Human Resources

Direct Compensation:

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

	FY 20)21 Actual Expendi	tures	FY 202	2 Estimated Exper	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$255,977			\$275,000		
Medical/dental/vision insurance for self	\$8,002			\$8,557		
Medical/dental/vision insurance for spouse/family	\$4,671			\$1,894		
Long-term disability for self	\$251			\$279		
Deferred compensation						
Retirement benefit	\$15,359			\$18,000		
Other (please specify)						
*Cell Phone Allowance	\$600			\$600		
Additional life insurance	Value					
	\$600,000					
Annuity	Value					
TOTAL	\$284,859	\$0	\$0	\$304,330	\$0	\$0

Other Compensation:

	FY 20	021 Actual Expendi	tures	FY 202	2 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)				\$25,000		
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$0	\$0	\$0	\$25,000	\$0	\$0

Name: John Jasinski
Institution: Northwest Missouri State University
Phone: 660-562-1129

Contact Person: Brooke Hull

Direct Compensation:

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

	FY 20)21 Actual Expendi	tures	FY 202	FY 2022 Estimated Expenditures		
		Private Funds			Private Funds		
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$296,820			\$318,862			
Medical/dental/vision insurance for self	\$10,332			\$12,088			
Medical/dental/vision insurance for spouse/family	\$19,994			\$21,970			
Long-term disability for self	\$332			\$332			
Deferred compensation	\$20,000			\$20,000			
Retirement benefit	\$76,332			\$83,616			
Other (please specify) Basic Life Insurance	\$578			\$578			
Additional life insurance	\$275,000						
Annuity	\$20,000						
TOTAL	\$424,387	\$0	\$0	\$457,446	\$0	\$0	

Other Compensation:

	FY 2	021 Actual Expendi	tures	FY 202	2 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing			\$9,000			\$9,000
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage			\$16,800			\$16,800
Professional development Expense for spouse/family to attend meetings						
Club/other memberships			\$1,500			\$1,500
Other (please specify)						
TOTAL	\$0	\$0	\$27,300	\$0	\$0	\$27,300

Name: Carlos Vargas-Aburto
Institution: Southeast Missouri State University
Phone: (573) 986-6192
Contact Person: Melissia Coffee

Direct Compensation:

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

	FY 20)21 Actual Expend	tures	FY 202	2 Estimated Exper	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$282,184			\$314,948		
Medical/dental/vision insurance for self						
Medical/dental/vision insurance for spouse/family						
Long-term disability for self						
Deferred compensation						
Retirement benefit						
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
	\$30,000					
TOTAL	\$282,184	\$0	\$0	\$314,948	\$0	\$0

Other Compensation:

	FY 2	FY 2021 Actual Expenditures			2 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing	\$30,000			\$30,000		
Utilities Housing allowance (provided for private rent/lease/purchase)	\$5,295			\$5,295		
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$7,074			\$7,074		
Automobile repair/maintenance/mileage	\$752			\$752		
Professional development Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
Automobile Insurance	\$1,168			\$1,168		
Grounds Maintenance	\$8,000			\$8,000		
TOTAL	\$52,289	\$0	\$0	\$52,289	\$0	\$0

Name: Dr. Susan Thomas, President
Institution: Truman State University
Phone: 660-785-7607

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

Direct Compensation:

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

	FY 20)21 Actual Expend	tures	FY 202	2 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$268,550			\$270,310		
Medical/dental/vision insurance for self						
Medical/dental/vision insurance for spouse/family	\$11,358			\$11,358		
Long-term disability for self	\$202			\$210		
Deferred compensation	\$40,000			\$50,000		
Retirement benefit	\$61,444			\$71,173		
Other (please specify)						
AD&D	\$34			\$34		
Life Insurance	\$142			\$156		
FICA/Medicare	\$13,627			\$15,135		
Additional life insurance	Value					
Annuity	Value					
			I			l
TOTAL	\$395,357	\$0	\$0	\$418,376	\$0	\$0

Other Compensation:

	FY 20	021 Actual Expendi	tures	FY 202	2 Estimated Expen	ditures
			Estimated Value	-		Estimated Value
		Private Funds	of Compensation		Private Funds	of Compensation
	Institutional	(e.g. Institutional	(not reflected in	Institutional	(e.g. Institutional	(not reflected in
	Operating Funds	Foundations)	budget)	Operating Funds	Foundations)	budget)
Housing						
Utilities	\$8,986			\$10,190		
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper	\$3,650			\$2,800		
Insurance for personal property	\$247			\$235		
Entertainment						
Automobile: Taxable & Insurance	\$2,857			\$2,965		
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage	\$1,053			\$1,325		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$16,793	\$0	\$0	\$17,515	\$0	\$0

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

Direct Compensation:

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

	FY 20)21 Actual Expendi	tures	FY 202	FY 2022 Estimated Expenditures		
		Private Funds			Private Funds		
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$276,621			\$294,322			
Medical/dental/vision insurance for self	\$7,036			\$7,698			
Medical/dental/vision insurance for spouse/family	\$2,417			\$2,968			
Long-term disability for self	\$421			\$453			
Deferred compensation							
Retirement benefit	\$63,157			\$69,117			
Other (please specify)							
Car Allowance	\$12,000			\$12,000			
Additional life insurance	Value						
Annuity	Value						
TOTAL	\$361,652	\$0	\$0	\$386,558	\$0	\$0	

Other Compensation:

	FY 2	021 Actual Expendi	tures	FY 202	2 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment	\$0	\$34		\$0	\$267	
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development	\$599	\$0		\$4,776	\$0	
Expense for spouse/family to attend meetings	\$0	\$0		\$0	\$0	
Club/other memberships	\$127	\$0		\$75	\$0	
Other (please specify)						
TOTAL	\$726	\$34	\$0	\$4,851	\$267	\$0

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

Name:	University of Missouri-Columbia Chancellor (4/14/2020 - present) DUAL ROLE	EMPLID: 10285408
Institution:	University of Missouri System	
Phone:	573-882-4310	
Contact Person:	Cathi Veach - Director of Compensation	

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 2021 Actual Expenditures 7/1/2020 - 6/30/2021			FY 2	FY 2022 Estimated Expenditures 7/1/2021 - 6/30/2022		
	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	\$607,812			\$675,000			
Medical/dental/vision insurance for self	\$5,865			\$5,709			
Medical/dental/vision insurance for spouse/family	\$11,572			\$12,106			
Long-term disability for self	\$204			\$204			
Deferred compensation	\$150,000		\$150,000	\$150,000		\$150,000	
Retirement benefit	\$63,688			\$80,689			
Other (please specify)							
- ER Paid Life Insurance	\$480			\$548			
- Retiree Health & Welfare	\$7,504			\$7,679			
Additional life insurance							
Annuity							
TOTAL	\$847,125	\$0	\$150,000	\$931,935	\$0	\$150,000	

Other Compensation:

	FY 2021 Actual Expenditures 7/1/2020 - 6/30/2021			FY 2022 Estimated Expenditures 7/1/2021 - 6/30/2022		
	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	\$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)	\$17,868			\$17,868		
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):						
- ER Contribution to 401(a) (SRP)	\$42,750		\$42,750	\$43,500		\$43,500
- Taxable reimbursement	\$1,634			\$967		
TOTAL	\$62,252	\$0	\$42,750	\$62,335	\$0	\$43,500

Name:	C. Mauli Agrawal - Chancellor (6/20/2018 - present)	EMPLID: 10290046
Institution:	University of Missouri System - Kansas City	
Phone:	573-882-4310	_
Contact Person:	Cathi Veach - Director of Compensation	

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	FY 2021 Actual Expenditures 7/1/2020 - 6/30/2021			FY 2022 Estimated Expenditures 7/1/2021 - 6/30/2022			
	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	\$393,469			\$417,496				
Medical/dental/vision insurance for self	\$6,429			\$4,797				
Medical/dental/vision insurance for spouse/family	\$11,213			\$5,097				
Long-term disability for self	\$204			\$204				
Deferred compensation	\$20,000		\$20,000	\$20,000		\$20,000		
Retirement benefit	\$47,823			\$56,916				
Other (please specify)								
- ER Paid Life Insurance	\$225			\$230				
- Retiree Health & Welfare	\$5,128			\$5,399				
Additional life insurance								
Annuity								
TOTAL	\$484,491	\$0	\$20,000	\$510,139	\$0	\$20,000		

Other Compensation:

	FY	2021 Actual Expenditur 7/1/2020 - 6/30/2021	es	FY 2022 Estimated Expenditures 7/1/2021 - 6/30/2022			
	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)	\$22,500			\$30,000			
Housekeeper	\$0			\$0			
Custodian, groundskeeper	\$0			\$0			
Insurance for personal property	\$0			\$0			
Entertainment	\$0			\$0			
Automobile							
Automobile allowance (provided for private lease/purchase)	\$15,000			\$15,000			
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			
- ER Contribution to 401(a)	\$0			\$0			
TOTAL	\$37,500	\$0	\$0	\$45,000	\$0	\$0	

Name:	Mohammad Dehghani - Chancellor (8/1/2019 - present)	EMPLID: 10295768
Institution:	University of Missouri System - Science and Technology	
Phone:	573-882-4310	
Contact Person:	Cathi Veach - Director of Compensation	

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 2021 Actual Expenditures 7/1/2020 - 6/30/2021			FY 2022 Estimated Expenditures 7/1/2021 - 6/30/2022			
	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	\$430,001			\$500,004			
Medical/dental/vision insurance for self	\$6,381			\$7,245			
Medical/dental/vision insurance for spouse/family	\$12,898			\$16,048			
Long-term disability for self	\$204			\$204			
Deferred compensation	\$85,000		\$85,000	\$85,000		\$85,000	
Retirement benefit	\$52,500			\$60,675			
Other (please specify)							
- ER Paid Life Insurance	\$100			\$96			
- Retiree Health & Welfare	\$5,587			\$5,900			
Additional life insurance							
Annuity							
-							
TOTAL	\$592,672	\$0	\$85,000	\$675,172	\$0	\$85,000	

Other Compensation:

	FY	2021 Actual Expenditur 7/1/2020 - 6/30/2021	res	FY 2022 Estimated Expenditures 7/1/2021 - 6/30/2022			
	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 (par	tial year)		university provided			
Utilities	\$0			\$0			
Housing allowance (provided for private rent/lease/purchase)	\$10,888			\$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)	\$15,000			\$15,000			
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			
- ER Contribution to 401(a)	\$0			\$0			
TOTAL	\$25,888	\$0	\$0	\$15,000	\$0	\$0	

Name:	Kristin Sobolik - Chancellor (4/9/2020 - present); Interim (9/1/2019 - 4/8/2020)	EMPLID: 10285200
Institution:	University of Missouri System - St. Louis	
Phone:	573-882-4310	
Contact Person:	Cathi Veach - Director of Compensation	

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	FY 2021 Actual Expenditures 7/1/2020 - 6/30/2021			FY 2022 Estimated Expenditures 7/1/2021 - 6/30/2022			
	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	\$376,665			\$400,000				
Medical/dental/vision insurance for self	\$5,157			\$4,797				
Medical/dental/vision insurance for spouse/family	\$11,308			\$11,476				
Long-term disability for self	\$204			\$204				
Deferred compensation	\$20,000		\$20,000	\$20,000		\$20,000		
Retirement benefit	\$47,305			\$51,107				
Other (please specify)								
- ER Paid Life Insurance	\$332			\$332				
- Retiree Health & Welfare	\$4,780			\$4,720				
Additional life insurance								
Annuity								
TOTAL	\$465,751	\$0	\$20,000	\$492,636	\$0	\$20,000		

Other Compensation:

	FY	FY 2021 Actual Expenditures 7/1/2020 - 6/30/2021			FY 2022 Estimated Expenditures 7/1/2021 - 6/30/2022			
	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	\$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	\$844			\$0				
Automobile allowance (provided for private lease/purchase)	\$15,000			\$15,000				
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				
- ER Contribution to 401(a)	\$0	·		\$0				
TOTAL	\$15,844	\$0	\$0	\$15,000	\$0	\$0		

Public Two-Year Colleges

Name: Glenn Coltharp- Retiring 6/30/22 - Katricia Pierson - Start 1/1/22

Institution: Crowder College

Phone: 417-455-5675

Contact Person: Mickie Mahan / Cassie Hale

Direct Compensation:

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

	FY 20)21 Actual Expendi	tures	FY 2022 Estimated Expenditures			
		Private Funds			Private Funds		
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$283,600			\$200,000			
Medical/dental/vision insurance for self	\$3,360			\$6,720			
Medical/dental/vision insurance for spouse/family							
Long-term disability for self							
Deferred compensation							
Retirement benefit	\$41,609			\$29,974			
Other (please specify)							
Additional life insurance							
Annuity							
, under							
TOTAL	\$328,569	\$0	\$0	\$236,694	\$0	\$0	

Other Compensation:

	FY 2	021 Actual Expendi	tures	FY 202	2 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships	\$60			\$30		
Other (please specify)						
TOTAL	\$60	\$0	\$0	\$30	\$0	\$0

 Name:
 Carl Jon Bauer

 Institution:
 East Central College

 Phone:
 636-584-6501

 Contact Person:
 Annette Moore

Direct Compensation:

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

	FY 20	021 Actual Expend	tures	FY 202	2 Estimated Exper	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$149,721			\$161,757		
Medical/dental/vision insurance for self	\$9,221			\$9,681		
Medical/dental/vision insurance for spouse/family	\$9,583			\$10,733		\$10,733
Long-term disability for self	\$249			\$249		
Deferred compensation						
Retirement benefit	\$23,046			\$24,859		
H.S.A. Contribution	\$5,200		\$5,200	\$5,200		\$5,200
Auto Allowance	\$6,000			\$6,000		\$6,000
Additional life insurance	Value					
\$100,000 (additional \$50,000)	\$122					
Annuity	Value					
TOTAL	\$203,020	\$0	\$5,200	\$218,479	\$0	\$21,933

Other Compensation:

	FY 2	021 Actual Expendi	tures	FY 202	2 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment		\$850			\$5,000	I
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	\$850	\$0	\$0	\$5,000	\$0

Name: Dr. Dena McCaffrey, President
Institution: Jefferson College
Phone: (636)481-3120

Contact Person: Daryl Gehbauer, Vice President Finance and Administration

Direct Compensation:

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

	FY 20	21 Actual Expend	itures	FY 2022 Estimated Expenditures			
		Private Funds			Private Funds		
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$170,000			\$172,550			
Medical/dental/vision insurance for self	\$8,912			\$9,590			
Medical/dental/vision insurance for spouse/family	\$0			\$0			
Long-term disability for self	\$215			\$220			
Deferred compensation	\$0			\$0			
Retirement benefit	\$26,188			\$26,633			
Other (please specify) QHDHP Contribution	\$768			\$1,536			
Insurance Reimbursement	\$928			\$0			
Life Insurance Board-Paid	\$22			\$22			
Additional life insurance							
Annuity							
TOTAL	\$207,033	\$0	\$0	\$210,551	\$0	\$0	

Other Compensation:

	EV 20	21 Actual Expend	ituros	FY 2022 Estimated Expenditures		
	F1 20	ZI Actual Expellu	ltures	F1 202		ultures
		Private Funds (e.g.	Estimated Value of Compensation		Private Funds	Estimated Value of Compensation
	Institutional Operating Funds	Institutional Foundations)	(not reflected in budget)	Institutional Operating Funds	(e.g. Institutional Foundations)	(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)	\$7,200			\$7,200		
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		
	1			1		
TOTAL	\$7,200	\$0	\$0	\$7,200	\$0	\$0

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

Direct Compensation:

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

	FY 20	021 Actual Expend	tures	FY 202	2 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$291,000			\$303,365		
Medical/dental/vision insurance for self	\$11,128			\$11,128		
Medical/dental/vision insurance for spouse/family	\$5,398			\$5,404		
Long-term disability for self	\$1,050			\$1,092		
Deferred compensation						
Retirement benefit	\$42,195			\$45,602		
Other (please specify)						
403B	\$0			\$1,000		
Life Insurance	\$2,273		\$757	\$2,376		\$792
Additional life insurance	Value					
Additional me insurance	value					
Annuity	Value					
TOTAL	\$353,044	\$0	\$757	\$369,967	\$0	\$792

Other Compensation:

	FY 20	021 Actual Expendi	tures	FY 2022 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		\$2,472			\$3,600	
Automobile Automobile allowance (provided for private lease/purchase)	\$12,000			\$12,000		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$12,000	\$2,472	\$0	\$12,000	\$3,600	\$0

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

Institution: Metropolitan Community College

Phone: 816-604-1130

Contact Person: Patricia Amick

Direct Compensation:

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

	FY 20	021 Actual Expendi	tures	FY 202	FY 2022 Estimated Expenditures			
		Private Funds			Private Funds			
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$164,000			\$166,460				
Medical/dental/vision insurance for self	\$11,128			\$11,128				
Medical/dental/vision insurance for spouse/family				\$0				
Long-term disability for self	\$588			\$588				
Deferred compensation								
Retirement benefit	\$23,780			\$25,750				
Other (please specify)								
403B	\$1,000			\$1,000				
Life Insurance	\$1,281		\$427	\$1,302		\$434		
Additional life insurance	Value							
Annuity	Value							
TOTAL	\$201,777	\$0	\$427	\$206,228	\$0	\$434		

Other Compensation:

	FY 20	021 Actual Expendi	tures	FY 2022 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$7,200			\$7,200		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships Other (please specify)						
TOTAL	\$7,200	\$0	\$0	\$7,200	\$0	\$0

Name: Dr. Dan Hocoy - President of Longview
Institution: Metropolitan Community College
Phone: 816-604-1130
Contact Person: Patricia Amick

Direct Compensation:

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

	FY 20	021 Actual Expendi	tures	FY 202	2 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$175,000			\$14,803		
Medical/dental/vision insurance for self	\$9,993			\$788		
Medical/dental/vision insurance for spouse/family	\$0			\$0		
Long-term disability for self	\$630			\$53		
Deferred compensation						
Retirement benefit	\$25,375			\$2,300		
Other (please specify)						
403B	\$1,000			\$84		
Life Insurance	\$1,367		\$456	\$116		\$39
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$213,365	\$0	\$456	\$18,144	\$0	\$39

Other Compensation:

	FY 20	021 Actual Expendi	tures	FY 2022 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$7,200			\$0		
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. Larry Rideaux - President of Maple Woods

Institution: Metropolitan Community College

Phone: 816-604-1130

Contact Person: Patricia Amick

Direct Compensation:

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

	FY 20	021 Actual Expendi	tures	FY 202	2 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$171,000			\$173,565		
Medical/dental/vision insurance for self	\$11,128			\$11,128		
Medical/dental/vision insurance for spouse/family	\$5,404			\$5,404		
Long-term disability for self	\$630			\$630		
Deferred compensation						
Retirement benefit	\$24,795			\$26,781		
Other (please specify)						
403B	\$0			\$0		
Life Insurance	\$1,136		\$445	\$1,357		\$452
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$214,093	\$0	\$445	\$218,865	\$0	\$452

Other Compensation:

	FY 2	021 Actual Expendi	tures	FY 202	2 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$7,200			\$7,200		
Automobile repair/maintenance/mileage						
Professional development Expense for spouse/family to attend meetings Club/other memberships						
Other (please specify)						
TOTAL	\$7,200	\$0	\$0	\$7,200	\$0	\$0

Name: Dr. Tyjaun Lee - President of Penn Valley Campus

Institution: Metropolitan Community College

Phone: 816-604-1130

Contact Person: Patricia Amick

Direct Compensation:

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

	FY 20)21 Actual Expendi	tures	FY 202	FY 2022 Estimated Expenditures			
		Private Funds			Private Funds			
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$179,780			\$182,477				
Medical/dental/vision insurance for self	\$10,067			\$10,067				
Medical/dental/vision insurance for spouse/family				\$0				
Long-term disability for self	\$630			\$672				
Deferred compensation								
Retirement benefit	\$26,068			\$28,109				
Other (please specify)								
403B	\$0			\$0				
Life Insurance	\$1,406		\$469	\$1,427		\$476		
Additional life insurance	Value							
Annuity	Value							
·								
TOTAL	\$217,951	\$0	\$469	\$222,752	\$0	\$476		

Other Compensation:

	FY 2	021 Actual Expendi	tures	FY 202	2 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$7,200			\$7,200		
Automobile repair/maintenance/mileage						
Professional development Expense for spouse/family to attend meetings Club/other memberships						
Other (please specify)						
TOTAL	\$7,200	\$0	\$0	\$7,200	\$0	\$0

Name: DR JOSEPH GILGOUR
Institution: MINERAL AREA COLLEGE
Phone: 573-518-2188

Contact Person: CRYSTAL COFFMAN

Direct Compensation:

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

	FY 20	021 Actual Expend	tures	FY 202	2 Estimated Exper	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$158,654			\$170,000		
Medical/dental/vision insurance for self	\$6,746			\$6,973		
Medical/dental/vision insurance for spouse/family				\$981		
Long-term disability for self	\$160			\$160		
Deferred compensation						
Retirement benefit	\$24,071			\$51,472		
Other (please specify):						
H.S.A. Contributions (Board Paid)	\$608			\$588		
Life Insurance (Board Paid)	\$124					
Additional life insurance	Value					
Additional me insurance	value					
Annuity	Value					
TOTAL	\$190,364	\$0	\$0	\$230,174	\$0	\$0

Other Compensation:

	FY 20	021 Actual Expendi	tures	FY 202	2 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage	\$6,000			\$12,000		
Professional development Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$6,000	\$0	\$0	\$12,000	\$0	\$0

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

Contact Person: Susan Spencer

Direct Compensation:

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

	FY 202	1 Estimated Expen	ditures	FY 202	2 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$195,656			\$205,438		
Medical/dental/vision insurance for self	\$9,072		\$1,140	\$9,852		\$1,236
Medical/dental/vision insurance for spouse/family	\$14,928		\$12,849	\$16,224		\$13,967
Long-term disability for self	\$0			\$0		
Deferred compensation	\$0			\$0		
Retirement benefit	\$29,686			\$31,217		
Other (please specify)						
Basic life \$20,000, ADD \$20,000	\$19			\$19		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$249,361	\$0	\$13,989	\$262,750	\$0	\$15,203

Other Compensation:

	FY 2	021 Actual Expendi	tures	FY 202	2 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings Club/other memberships						
Other (please specify)						
Cell Phone	\$1,350			\$970		
TOTAL	\$1,350	\$0	\$0	\$970	\$0	\$0

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

Contact Person: Tyson Otto

Direct Compensation:

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

FY 2021 Actual Expenditures			FY 2022 Estimated Expenditures			
	Private Funds			Private Funds		
Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above	
Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
\$160,000			\$164,720			
\$6,890			\$7,206			
\$24,199			\$24,929			
\$83			\$83			
Value						
Value						
\$101.473	ćo	<u></u>	¢106.020	40	\$0	
	Institutional Operating Funds \$160,000 \$6,890 \$24,199 \$83 Value	Institutional Operating Funds (e.g. Institution Foundations) \$160,000 \$6,890 \$24,199 \$83 Value Value	Institutional Operating Funds (e.g. Institution Foundations) \$160,000 \$6,890 \$24,199 \$383 Value	Institutional Operating Funds (e.g. Institution Foundations) \$160,000 \$\$164,720 \$\$7,206 \$24,199 \$\$24,199 \$\$24,299 Value Value	Institutional Operating Funds (e.g. Institution Foundations) \$160,000	

Other Compensation:

	FY 20	021 Actual Expendi	tures	FY 202	2 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment		\$1,200			\$1,200	
Automobile Automobile allowance (provided for private lease/purchase)	\$11,000			\$11,000		
Automobile repair/maintenance/mileage	\$4,888			\$5,000		
Professional development Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
Phone stipend	\$720					
TOTAL	\$16,608	\$1,200	\$0	\$16,000	\$1,200	\$0

Name: Dr. Hal Higdon - Chancellor
Institution: Ozarks Technical Community College
Phone: 417-447-4837
Contact Person: Jill Cox

Direct Compensation:

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

	FY 20	21 Actual Expendi	tures	FY 2022 Estimated Expenditures			
		Private Funds			Private Funds		
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$285,072			\$290,773			
Medical/dental/vision insurance for self	\$7,393			\$7,573			
Medical/dental/vision insurance for spouse/family							
Long-term disability for self	\$102			\$97			
Deferred compensation							
Retirement benefit	\$41,325			\$42,050			
Other (please specify)							
Group Term Life Insurance	\$87			\$72			
Health and Wellness Center	\$624			\$624			
403b	\$23,230		\$23,230	\$23,230		\$23,230	
Additional life insurance	Value						
Annuity	Value						
TOTAL	\$357,833	\$0	\$23,230	\$364,419	\$0	\$23,230	

Other Compensation:

	FY 2	021 Actual Expendi	tures	FY 202	2 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$12,120			\$12,120		
Automobile repair/maintenance/mileage	\$178			\$230		
Professional development Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$12,298	\$0	\$0	\$12,350	\$0	\$0

Name: Dr. Dustin Childress
Institution: Ozarks Technical Community College - Education Centers
Phone: 417-447-4837
Contact Person: Jill Cox

Direct Compensation:

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

	FY 20)21 Actual Expendi	tures	FY 202	2 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$65,000			\$132,600		
Medical/dental/vision insurance for self	\$3,846			\$8,893		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$49			\$97		
Deferred compensation						
Retirement benefit	\$9,983			\$20,342		
Other (please specify)						
Group Term Life Insurance	\$36			\$72		
Health and Wellness Center	\$312			\$624		
Additional life insurance	Value					
Annuity	Value					
						1
TOTAL	\$79,226	\$0	\$0	\$162,628	\$0	\$0

Other Compensation:

	FY 2	021 Actual Expendi	tures	FY 2022 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage	\$1,513			\$2,882		
Professional development						
Expense for spouse/family to attend meetings Club/other memberships						
Other (please specify)						
TOTAL	\$1,513	\$0	\$0	\$2,882	\$0	\$0

Name: Dr. Cliff Davis

Institution: Ozarks Technical Community College - Richwood Valley Campus

Phone: 417-447-4837

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.

Contact Person: Jill Cox

	FY 20	021 Actual Expendi	tures	FY 202	2 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$144,468			\$147,357		
Medical/dental/vision insurance for self	\$7,393			\$7,573		
Medical/dental/vision insurance for spouse/family						
Long-term disability for self	\$102			\$97		
Deferred compensation						
Retirement benefit	\$22,020			\$22,465		
Other (please specify)						
Group Term Life Insurance	\$87			\$72		
Health and Wellness Center	\$624			\$624		
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$174,694	\$0	\$0	\$178,188	\$0	\$0

Other Compensation:

	FY 2	021 Actual Expendi	tures	FY 2022 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	\$666			\$1,354		
Professional development Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$666	\$0	\$0	\$1,354	\$0	\$0

Name: Dr. Robert Griffith
Institution: Ozarks Technical Community College -Table Rock Campus
Phone: 417-447-4837
Contact Person: Jill Cox

Direct Compensation:

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

	FY 20)21 Actual Expendi	tures	FY 2022 Estimated Expenditures			
		Private Funds			Private Funds		
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$130,000			\$132,600			
Medical/dental/vision insurance for self	\$6,507			\$7,921			
Medical/dental/vision insurance for spouse/family							
Long-term disability for self	\$102			\$97			
Deferred compensation							
Retirement benefit	\$19,794			\$20,202			
Other (please specify)							
Group Term Life Insurance	\$87			\$72			
Health and Wellness Center	\$624			\$624			
Additional life insurance	Value						
Annuity	Value						
·							
TOTAL	\$157,114	\$0	\$0	\$161,516	\$0	\$0	

Other Compensation:

	EV 2	D21 Actual Expendi	turos	FY 2022 Estimated Expenditures		
	FYZ	I	lures	11 2022 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile						
Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage	\$1,108			\$1,424		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$1,108	\$0	\$0	\$1,424	\$0	\$0

Name: Barbara Kavalier

Institution: St. Charles Community College
Phone: 636.922.8000

Contact Person: Jessica Trimborn

Direct Compensation:

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

	FY 20	021 Actual Expendi	tures	FY 202	FY 2022 Estimated Expenditures			
		Private Funds			Private Funds			
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$243,644			\$265,135				
Medical/dental/vision insurance for self	\$8,903		\$1,089	\$9,168		\$1,085		
Medical/dental/vision insurance for spouse/family								
Long-term disability for self	\$900		\$900	\$900		\$900		
Deferred compensation								
Retirement benefit	\$36,619			\$39,774				
Other (please specify) Life Insurance	\$177			\$146				
Supplemental Life Insurance	\$732		\$732	\$814		\$814		
Short Term Disability	\$604		\$604	\$572		\$572		
Identity Theft Protection	\$95		\$95	\$95		\$95		
Critical Illness	\$1,037		\$1,037	\$1,037		\$1,037		
Hospital Indemnity	\$367		\$367	\$550		\$550		
Legal Plan	\$288		\$288	\$288		\$288		
Accident Insurance	\$118		\$118	\$236		\$236		
Additional life insurance	Value							
Annuity	Value							
TOTAL	\$293,485	\$0	\$5,230	\$318,715	\$0	\$5,577		

Other Compensation:

	1 51/2			5140000 5 11 1 1 5 111		
	FY 2	021 Actual Expendi T	tures I	FY 2022 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)	\$8,631			\$12,000		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings Club/other memberships						
Other (please specify) Business Allowance	\$1,629			\$2,400		
TOTAL	\$10,260	\$0	\$0	\$14,400	\$0	\$0

Name: Jeff L. Pittman, Chancellor

Institution: St. Louis Community College
Phone: 314-539-5208

Contact Person: Rose Ervin, Payroll Supervisor

Direct Compensation:

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

	FY 20	021 Actual Expendi	tures	FY 202	2 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$423,701			\$304,281		
Medical/dental/vision insurance for self	\$41			\$41		
Medical/dental/vision insurance for spouse/family	\$33			\$33		
Long-term disability for self	\$242			\$242		
Deferred compensation						
Retirement benefit						
Other (please specify)						
403(b)			\$18,000		\$24,000	
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$424,017	\$0	\$18,000	\$304,597	\$24,000	\$0

Other Compensation:

	FY 2	021 Actual Expendi	tures	FY 2022 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing	\$24,000			\$24,000		
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$11,100			\$11,100		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$35,100	\$0	\$0	\$35,100	\$0	\$0

Name: Elizabeth Perkins, Campus President

Institution: St. Louis Community College - Florissant Valley
Phone: 314-539-5208

Contact Person: Rose Ervin, Payroll Supervisor

Direct Compensation:

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

	FY 20	021 Actual Expendi	tures	FY 2022 Estimated Expenditures			
		Private Funds			Private Funds		
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$153,287			\$161,616			
Medical/dental/vision insurance for self	\$9,248			\$9,248			
Medical/dental/vision insurance for spouse/family	\$2,954			\$5,446			
Long-term disability for self	\$242			\$242			
Deferred compensation							
Retirement benefit	\$23,567			\$24,775			
Other (please specify)							
Additional life insurance	Value						
Annuity	Value						
TOTAL	\$189,298	\$0	\$0	\$201,327	\$0	\$0	

Other Compensation:

	FY 20	021 Actual Expendi	tures	FY 2022 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, Campus President

Institution: St. Louis Community College - Forest Park

Phone: 314-539-5208

Contact Person: Rose Ervin, Payroll Supervisor

Direct Compensation:

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

	FY 20)21 Actual Expendi	tures	FY 202	2 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$150,446			\$158,620		
Medical/dental/vision insurance for self	\$9,252			\$9,252		
Medical/dental/vision insurance for spouse/family	\$5,627			\$5,627		
Long-term disability for self	\$242			\$242		
Deferred compensation						
Retirement benefit	\$23,156			\$24,341		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$188,723	\$0	\$0	\$198,082	\$0	\$0

Other Compensation:

	FY 20	021 Actual Expendi	tures	FY 2022 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, Campus President

Institution: St. Louis Community College - Meramec
Phone: 314-539-5208

Contact Person: Rose Ervin, Payroll Supervisor

Direct Compensation:

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

	FY 20)21 Actual Expendi	tures	FY 202	2 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$150,446			\$158,620		
Medical/dental/vision insurance for self	\$9,252			\$9,252		
Medical/dental/vision insurance for spouse/family	\$4,412			\$4,412		
Long-term disability for self						
Deferred compensation						
Retirement benefit	\$23,156			\$24,341		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$187,266	\$0	\$0	\$196,625	\$0	\$0

Other Compensation:

	FY 20	021 Actual Expendi	tures	FY 2022 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, Campus President

Institution: St. Louis Community College - Wildwood
Phone: 314-539-5208

Contact Person: Rose Ervin, Payroll Supervisor

Direct Compensation:

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

	FY 20)21 Actual Expendi	tures	FY 202	2 Estimated Expen	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$143,490			\$161,615		
Medical/dental/vision insurance for self	\$9,248			\$9,248		
Medical/dental/vision insurance for spouse/family	\$426			\$426		
Long-term disability for self	\$242			\$242		
Deferred compensation						
Retirement benefit	\$22,147			\$24,775		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$175,553	\$0	\$0	\$196,306	\$0	\$0

Other Compensation:

	FY 20	021 Actual Expendi	tures	FY 2022 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities						
Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)						
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$0	\$0	\$0	\$0	\$0	\$0

Name: Dr. Joanna Anderson
Institution: State Fair Community College
Phone: 660.596.7301
Contact Person: Keith Acuff

Direct Compensation:

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

	FY 20)21 Actual Expendi	tures	FY 202	FY 2022 Estimated Expenditures			
		Private Funds			Private Funds			
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above		
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit		
Base salary	\$175,156			\$189,582				
Medical/dental/vision insurance for self	\$8,759			\$8,970				
Medical/dental/vision insurance for spouse/family								
Long-term disability for self								
Deferred compensation								
Retirement benefit	\$26,668			\$28,790				
Other (please specify) Life Insurance	\$177			\$161				
Additional life insurance	Value							
Annuity	Value							
	6240 750	4.0		6227.522		40		
TOTAL	\$210,760	\$0	\$0	\$227,502	\$0	\$0		

Other Compensation:

	FY 20	021 Actual Expendi	tures	FY 2022 Estimated Expenditures		
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing						
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$4,800			\$4,800		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$4,800	\$0	\$0	\$4,800	\$0	\$0

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

Direct Compensation:

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

	FY 20)21 Actual Expend	tures	FY 202	2 Estimated Exper	ditures
		Private Funds			Private Funds	
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit
Base salary	\$205,749			\$221,419		
Medical/dental/vision insurance for self	\$7,279			\$7,879		
Medical/dental/vision insurance for spouse/family	\$0					
Long-term disability for self	\$0					
Deferred compensation	\$0					
Retirement benefit	\$30,889			\$33,248		
Other (please specify)						
Additional life insurance	Value					
Annuity	Value					
TOTAL	\$243,917	\$0	\$0	\$262,546	\$0	\$0

Other Compensation:

	FY 20	021 Actual Expendi	tures	FY 202	2 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing	\$7,000			\$0		
Utilities Housing allowance (provided for private rent/lease/purchase)						
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$4,220			\$4,220		
Automobile repair/maintenance/mileage						
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
Cell Phone	\$1,332			\$1,344		
TOTAL	\$12,552	\$0	\$0	\$5,564	\$0	\$0

State Technical College

Name: Dr. Shawn Strong

Institution: State Technical College of Missouri

Phone: 573-897-5147

Contact Person: Jenny Jacobs

Direct Compensation:

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

	FY 20)21 Actual Expendi	tures	FY 2022 Estimated Expenditures			
		Private Funds			Private Funds		
	Institutional	(e.g. Institution	Amount Above	Institutional	(e.g. Institution	Amount Above	
	Operating Funds	Foundations)	Standard Benefit	Operating Funds	Foundations)	Standard Benefit	
Base salary	\$190,800			\$213,696			
Medical/dental/vision insurance for self	\$8,023			\$8,856			
Medical/dental/vision insurance for spouse/family							
Long-term disability for self	\$949			\$951			
Deferred compensation							
Retirement benefit	\$43,655			\$50,240			
Other (please specify)							
Additional life insurance	Value						
Additional me insurance	value						
Annuity	Value						
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TOTAL	\$243,428	\$0	\$0	\$273,743	\$0	\$0	

Other Compensation:

	FY 2	021 Actual Expendi	tures	FY 202	2 Estimated Expen	ditures
	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)	Institutional Operating Funds	Private Funds (e.g. Institutional Foundations)	Estimated Value of Compensation (not reflected in budget)
Housing			\$13,308			\$15,000
Utilities Housing allowance (provided for private rent/lease/purchase)	\$4,372			\$4,500		
Housekeeper						
Custodian, groundskeeper						
Insurance for personal property						
Entertainment						
Automobile Automobile allowance (provided for private lease/purchase)	\$11,750			\$11,750		
Automobile repair/maintenance/mileage	\$1,606			\$1,800		
Professional development						
Expense for spouse/family to attend meetings						
Club/other memberships						
Other (please specify)						
TOTAL	\$17,728	\$0	\$13,308	\$18,050	\$0	\$15,000