

Missouri Department of Higher Education
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## 2017 President's \& Chancellor's <br> Compensation Survey

June 2017

## Table of Contents

Public Four-year Universities
Harris~Stowe State University ..... 1
Lincoln University. ..... 2
Missouri Southern State University ..... 3
Missouri State University ..... 4
Missouri State University - West Plains Campus ..... 5
Missouri Western State University ..... 6
Northwest Missouri State University ..... 7
Southeast Missouri State University ..... 8
Truman State University ..... 9
University of Central Missouri ..... 10
University of Missouri System ..... 11~12
University of Missouri - Columbia ..... 13
University of Missouri - Kansas City ..... 14
Missouri University of Science \& Technology ..... 15
University of Missouri - St. Louis ..... 16
Public Two-year Colleges
Crowder College ..... 17
East Central College ..... 18
Jefferson College ..... 19
Metropolitan Community College Blue River. ..... 20~21
Business \& Technology ..... 22
Longview. ..... 23
Maple Woods ..... 24
Penn Valley ..... 25
Mineral Area College ..... 26
Moberly Area Community College ..... 27
North Central Missouri College ..... 28~29
Ozarks Technical Community College ..... 30~32
St. Charles County Community College ..... 33~35
St. Louis Community College ..... 36
St. Louis Community College at Florissant Valley ..... 37
St. Louis Community College at Forest Park ..... 38
St. Louis Community College at Meramec \& Wildwood ..... 39
State Fair Community College ..... 40
Three Rivers Community College ..... 41
State Technical College
State Technical College of Missouri ..... 42~43

## Public Four~Year Universities

## 2017 President's/Chancellor's Compensation Survey

Name: Dr. Dwaun J. Warmack<br>Institution: Harris-Stowe State University<br>Contact Person: Brian M. Huggins<br>Phone: 314-340-3335

## Direct Compensation:

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

|  | FY 2016 Actual Expenditures |  |  | FY 2017 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 | \$237,786 |  |  | \$237,786 |  |  |
| Medical/dental/vision insurance for self |  |  |  |  |  |  |
| Medical/dental/vision insurance for spouse/family | \$38,487 |  |  | \$39,449 |  |  |
| Long-term disability for self | \$307 |  |  | \$307 |  |  |
| Deferred compensation |  |  |  |  |  |  |
| Retirement benefit | \$40,352 |  |  | \$46,321 |  |  |
| Other (please specify) |  |  |  |  |  |  |
| Life Insurance | \$174 |  |  | \$174 |  |  |
| A D and D Insurance | \$304 |  |  | \$304 |  |  |
|  |  |  |  |  |  |  |
| Additional life insurance | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$317,410 | \$0 | \$0 | \$324,341 | \$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 2016 Actual Expenditures |  |  | FY 2017 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 |  |  |  |  |  |  |
| 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 |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |
| Annuity | \$18,000 |  |  | \$18,000 |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$58,000 | \$0 | \$0 | \$58,000 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

```
Name: Dr. Kevin Rome
Institution: Lincoln University
Phone: 573 681-5019
Contact Person: Jim Marcantonio HR Director
```

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 2016 Actual Expenditures |  |  | FY 2017 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 <br> Foundations) | Estimated Value of Compensation (not reflected in budget) |
| Housing | \$22,800 |  |  | \$0 |  |  |
| Utilities |  |  |  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |  |  |  |  |  |  |
| Housekeeper |  |  |  |  |  |  |
| Custodian, groundskeeper |  |  |  |  |  |  |
| Insurance for personal property |  |  |  |  |  |  |
| Entertainment |  |  |  |  |  |  |
| Automobile | \$9,000 |  |  | \$9,000 |  |  |
| Automobile allowance (provided for private lease/purchase) |  |  |  |  |  |  |
| Automobile repair/maintenance/mileage |  |  |  |  |  |  |
| Professional development |  |  |  |  |  |  |
| Expense for spouse/family to attend meetings |  |  |  |  |  |  |
| Club/other memberships |  | \$9,000 |  |  | \$9,000 |  |
| Other (please specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$31,800 | \$9,000 | \$0 | \$9,000 | \$9,000 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

Name: Dr. Alan Marble<br>Institution: Missouri Southern State University<br>Contact Person: Evan Jewsbury, Director of Human Resources<br>Phone: 417-625-9805

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

|  | FY 2016 Actual Expenditures |  |  | FY 2017 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | $\qquad$ | Amount Above Standard Benefit |
| Base salary | \$184,217 |  |  | \$189,442 |  |  |
| Medical/dental/vision insurance for self | \$7,066 |  |  | \$7,035 |  |  |
| Medical/dental/vision insurance for spouse/family |  |  |  |  |  |  |
| Long-term disability for self | \$238 |  |  | \$238 |  |  |
| Deferred compensation | \$48,000 |  | \$48,000 | \$48,000 |  | \$48,000 |
| Retirement benefit | \$39,407 |  |  | \$40,294 |  |  |
| Other (please specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Additional life insurance | Value |  |  |  |  |  |
|  | \$0 |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$278,928 | \$0 | \$48,000 | \$285,008 | \$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 2016 Actual Expenditures |  | FY 2017 Estimated Expenditures |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |

## 2017 President's/Chancellor's Compensation Survey

| Name: | Clif Smart |
| ---: | :--- |
| Institution: | Missouri State University |
| Contact Person: | Tina McManus |
| Phone: | (417) 836-4232 |

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 2016 Actual Expenditures |  |  | FY 2017 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 | \$309,981 |  |  | \$334,981 |  |  |
| Medical/dental/vision insurance for self |  |  |  |  |  |  |
| Medical/dental/vision insurance for spouse/family | \$5,978 |  |  | \$5,978 |  |  |
| Long-term disability for self |  |  |  |  |  |  |
| Deferred compensation |  |  |  |  |  |  |
| Retirement benefit |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Additional life insurance | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$315,959 | \$0 | \$0 | \$340,959 | \$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 2016 Actual Expenditures |  |  | FY 2017 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. Institutional Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional Operating Funds | Private Funds (e.g. Institutional Foundations) | Estimated Value of Compensation (not reflected in budget) |
| Housing |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase) | \$40,000 |  |  | \$40,000 |  |  |
| Housekeeper |  |  |  |  |  |  |
| Custodian, groundskeeper |  |  |  |  |  |  |
| Insurance for personal property |  |  |  |  |  |  |
| Entertainment |  |  |  |  |  |  |
| Automobile |  |  |  |  |  |  |
| Automobile allowance (provided for private lease/purchase) |  |  |  |  |  |  |
| Automobile repair/maintenance/mileage |  |  |  |  |  |  |
| Professional development |  |  |  |  |  |  |
| Expense for spouse/family to attend meetings |  |  |  |  |  |  |
| Club/other memberships | \$7,773 |  |  | \$8,404 | \$1,640 |  |
| Other (please specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$47,773 | \$0 | \$0 | \$48,404 | \$1,640 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

| Name: | Drew Bennett |
| ---: | :--- |
| Institution: | Missouri State University-West Plains |
| Contact Person: | Tina McManus |
| Phone: | $417-836-4232$ |

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 2016 Actual Expenditures |  |  | FY 2017 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) | \$24,000 |  |  | \$24,000 |  |  |
| 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 | \$2,328 |  |  | \$2,573 |  |  |
| Other (please specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$26,328 | \$0 | \$0 | \$26,573 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

Name: Dr. Robert Vartabedian<br>Institution: Missouri Western State University<br>Contact Person: Sara Freemyer, Director of Human Resources<br>Phone: 816.271.4587

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


## 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 2016 Actual Expenditures |  |  | FY 2017 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) | \$28,000 |  |  | \$28,000 |  |  |
| 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 | \$3,633 |  |  | \$3,633 |  |  |
| Other (please specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$44,133 | \$0 | \$0 | \$44,133 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

Name: Dr. John Jasinski<br>Institution: Northwest Missouri State University<br>Contact Person: Anne Long<br>Phone: 660-562-1129

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


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 2016 Actual Expenditures |  |  | FY 2017 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 <br> 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 |  |  | \$1,200 |  |  | \$1,200 |
| Other (please specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$0 | \$0 | \$27,000 | \$0 | \$0 | \$27,000 |

## 2017 President's/Chancellor's Compensation Survey

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

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

|  | FY 2016 Actual Expenditures |  |  | FY 2017 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 | \$270,000 |  |  | \$278,000 |  |  |
| Medical/dental/vision insurance for self | \$4,989 |  |  | \$5,266 |  |  |
| Medical/dental/vision insurance for spouse/family | \$0 |  |  | \$0 |  |  |
| Long-term disability for self | \$216 |  |  | \$216 |  |  |
| Deferred compensation |  |  |  |  |  |  |
| Retirement benefit | \$17,317 |  |  | \$17,464 |  |  |
| Other (please specify) | \$1,093 |  |  | \$929 |  |  |
| (Life Insurance, AD\&D, Employee Assistance |  |  |  |  |  |  |
| Program, Parking, and Cafeteria Plan) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Additional life insurance | Value |  |  |  |  |  |
|  | \$0 |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  | \$24,000 |  |  |  |  |  |
| TOTAL | \$293,614 | \$0 | \$0 | \$301,874 | \$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 2016 Actual Expenditures |  |  | FY 2017 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 | \$30,000 |  |  | \$30,000 |  |  |
| Utilities | \$5,707 |  |  | \$5,707 |  |  |
| Housing allowance (provided for private rent/lease/purchase) |  |  |  |  |  |  |
| Housekeeper |  |  |  |  |  |  |
| Custodian, groundskeeper |  |  |  |  |  |  |
| Insurance for personal property |  |  |  |  |  |  |
| Entertainment |  |  |  |  |  |  |
| Automobile | \$7,525 |  |  | \$7,525 |  |  |
| 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 | \$43,232 | \$0 | \$0 | \$43,232 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

Name: Troy D. Paino FY16/Susan L. Thomas FY17<br>Institution: Truman State University<br>Contact Person: Dave Rector<br>Phone: 660-785-4100

## 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 2016 Actual Expenditures |  |  | FY 2017 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 | \$10,500 |  |  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |  |  |  | \$6,000 |  |  |
| Housekeeper | \$3,250 |  |  | \$0 |  |  |
| Custodian, groundskeeper | \$2,109 |  |  | \$0 |  |  |
| Insurance for personal property | \$407 |  |  | \$0 |  |  |
| Entertainment |  | \$12,750 |  |  | \$10,700 |  |
| Automobile | \$1,271 |  |  | \$3,000 |  |  |
| Automobile allowance (provided for private lease/purchase) |  |  |  |  |  |  |
| Automobile repair/maintenance/mileage |  |  |  |  |  |  |
| Professional development |  |  |  |  |  |  |
| Expense for spouse/family to attend meetings |  |  |  |  |  |  |
| Club/other memberships |  | \$743 |  |  | \$0 |  |
| Other (please specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$17,537 | \$13,493 | \$0 | \$9,000 | \$10,700 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

Name: Dr. Charles M. Ambrose<br>Institution: University of Central Missouri<br>Contact Person: 660-543-8703<br>Phone: Sondra 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 2016 Actual Expenditures |  |  | FY 2017 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 | \$297,550 |  |  | \$322,550 |  |  |
| Medical/dental/vision insurance for self | \$7,817 |  |  | \$7,554 |  |  |
| Medical/dental/vision insurance for spouse/family |  |  |  | \$2,035 |  |  |
| Long-term disability for self | \$462 |  |  | \$549 |  |  |
| Deferred compensation | \$25,000 |  |  | \$25,000 |  |  |
| Retirement benefit | \$16,789 |  |  | \$18,289 |  |  |
| Other (please specify) | \$20,000 |  |  | \$20,000 |  |  |
| Relocation incentive |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Additional life insurance | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$367,618 | \$0 | \$0 | \$395,977 | \$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 2016 Actual Expenditures |  |  | FY 2017 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 |  |  | \$23,556 |  |  | \$23,556 |
| Utilities | \$9,133 |  |  | \$7,400 |  |  |
| Housing allowance (provided for private rent/lease/purchase) |  |  |  |  |  |  |
| Housekeeper | \$8,502 |  |  | \$8,320 |  |  |
| Custodian, groundskeeper | \$8,393 |  |  | \$8,065 |  |  |
| Insurance for personal property |  |  |  |  |  |  |
| Entertainment | \$1,409 | \$789 |  | \$1,200 | \$1,000 |  |
| Automobile | \$7,892 |  |  | \$7,900 |  |  |
| Automobile allowance (provided for private lease/purchase) |  |  |  |  |  |  |
| Automobile repair/maintenance/mileage |  |  |  |  |  |  |
| Professional development | \$4,494 |  |  | \$2,500 |  |  |
| Expense for spouse/family to attend meetings |  | \$1,783 |  |  | \$2,000 |  |
| Club/other memberships | \$75 |  |  | \$75 |  |  |
| Other (please specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$39,898 | \$2,572 | \$23,556 | \$35,460 | \$3,000 | \$23,556 |

# 2017 President's/Chancellor's Compensation Survey 

Name: Mun Choi - President (effective 3/1/2017)<br>Institution: University of Missouri System<br>Contact Person: Debora Hulett, Lead Compensation Consultant<br>Phone: 573-884-2021

## Direct Compensation:

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

|  | FY 2016 Actual Expenditures |  |  | FY 2017 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 |  |  |  | \$441,667 |  |  |
| Medical/dental/vision insurance for self |  |  |  | \$3,828 |  |  |
| Medical/dental/vision insurance for spouse/family |  |  |  | \$6,078 |  |  |
| Long-term disability for self |  |  |  | \$246 |  |  |
| Deferred compensation |  |  |  | \$16,667 |  |  |
| Retirement benefit |  |  |  | \$12,738 |  |  |
| Other (please specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Additional life insurance | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$0 | \$0 | \$0 | \$481,224 | \$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 2016 Actual Expenditures |  |  | FY 2017 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. Institutional Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional Operating Funds | Private Funds (e.g. Institutional Foundations) | Estimated Value of Compensation (not reflected in budget) |
| Housing |  |  |  | Univ Provided (No market value available) |  |  |
| Utilities |  |  |  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |  |  |  |  |  |  |
| Housekeeper |  |  |  |  |  |  |
| Custodian, groundskeeper |  |  |  |  |  |  |
| Insurance for personal property |  |  |  |  |  |  |
| Entertainment |  |  |  |  |  |  |
| Automobile |  |  |  | \$5,835 |  |  |
| 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) |  |  |  | \$40,500 |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$0 | \$0 | \$0 | \$46,335 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

Name: Michael Middleton - President (interim through 2/28/2017)<br>Institution: University of Missouri System<br>Contact Person: Debora Hulett, Lead Compensation Consultant<br>Phone: 573-884-2021

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


## 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 2016 Actual Expenditures |  |  | FY 2017 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 | \$16,800 |  |  | \$19,200 |  |  |
| Utilities |  |  |  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |  |  |  |  |  |  |
| Housekeeper |  |  |  |  |  |  |
| Custodian, groundskeeper |  |  |  |  |  |  |
| Insurance for personal property |  |  |  |  |  |  |
| Entertainment |  |  |  |  |  |  |
| Automobile | \$17,214 |  |  | \$3,218 |  |  |
| 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) |  |  |  |  |  |  |
| (e.g. ER contribution to 401(a) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$34,014 | \$0 | \$0 | \$22,418 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

Name: Henry Foley - Chancellor (interim)<br>Institution: University of Missouri - Columbia<br>Contact Person: Debora Hulett, Lead Compensation Consultant<br>Phone: 573-884-2021

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

|  | FY 2016 Actual Expenditures |  |  | FY 2017 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 | \$374,850 |  |  | \$459,000 |  |  |
| Medical/dental/vision insurance for self | \$5,445 |  |  | \$5,684 |  |  |
| Medical/dental/vision insurance for spouse/family | \$2,891 |  |  | \$5,684 |  |  |
| Long-term disability for self | \$293 |  |  | \$269 |  |  |
| Deferred compensation | \$55,000 |  |  | \$0 |  |  |
| Retirement benefit | \$30,772 |  |  | \$30,336 |  |  |
| Other (please specify) |  |  |  |  |  |  |
| Incentive Pay | \$33,075 |  |  | \$39,933 |  |  |
| Life Insurance | \$447 |  |  | \$386 |  |  |
|  |  |  |  |  |  |  |
| Additional life insurance | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$502,773 | \$0 | \$0 | \$541,292 | \$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 2016 Actual Expenditures |  |  | FY 2017 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 |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |  |  |  |  |  |  |
| Housekeeper |  |  |  |  |  |  |
| Custodian, groundskeeper |  |  |  |  |  |  |
| Insurance for personal property |  |  |  |  |  |  |
| Entertainment |  |  |  |  |  |  |
| Automobile | \$15,725 |  |  | \$15,992 |  |  |
| 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) |  |  |  |  |  |  |
| (e.g. ER contribution to 401(a) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$15,725 | \$0 | \$0 | \$15,992 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

Name: Leo Morton - Chancellor<br>Institution: University of Missouri - Kansas City<br>Contact Person: Debora Hulett, Lead Compensation Consultant<br>Phone: 573-884-2021

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

|  | FY 2016 Actual Expenditures |  |  | FY 2017 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 | \$305,409 |  |  | \$305,409 |  |  |
| Medical/dental/vision insurance for self | \$5,019 |  |  | \$6,543 |  |  |
| Medical/dental/vision insurance for spouse/family | \$5,019 |  |  | \$6,243 |  |  |
| Long-term disability for self | \$294 |  |  | \$296 |  |  |
| Deferred compensation |  |  |  |  |  |  |
| Retirement benefit | \$40,204 |  |  | \$40,369 |  |  |
| Other (please specify) |  |  |  |  |  |  |
| Incentive | \$25,204 |  |  | \$27,487 |  |  |
| Life Insurance | \$119 |  |  | \$88 |  |  |
|  |  |  |  |  |  |  |
| Additional life insurance | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$381,268 | \$0 | \$0 | \$386,435 | \$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 2016 Actual Expenditures |  | FY 2017 Estimated Expenditures |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |

## 2017 President's/Chancellor's Compensation Survey

Name: Cheryl Schrader - Chancellor<br>Institution: Missouri University of Science \& Technology (Rolla)<br>Contact Person: Debora Hulett, Lead Compensation Consultant<br>Phone: 573-884-2021

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

|  | FY 2016 Actual Expenditures |  |  | FY 2017 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 | \$334,950 |  |  | \$334,950 |  |  |
| Medical/dental/vision insurance for self | \$4,557 |  |  | \$4,342 |  |  |
| Medical/dental/vision insurance for spouse/family | \$7,774 |  |  | \$6,926 |  |  |
| Long-term disability for self | \$294 |  |  | \$271 |  |  |
| Deferred compensation | \$51,000 |  |  |  |  |  |
| Retirement benefit | \$37,525 |  |  | \$36,965 |  |  |
| Other (please specify) |  |  |  |  |  |  |
| Incentive | \$27,805 |  |  | \$28,821 |  |  |
| Life Insurance | \$461 |  |  | \$442 |  |  |
|  |  |  |  |  |  |  |
| Additional life insurance | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$464,366 | \$0 | \$0 | \$412,717 | \$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 2016 Actual Expenditures |  |  | FY 2017 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 | \$7,280 |  |  | \$36,000 |  |  |
| Utilities |  |  |  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |  |  |  |  |  |  |
| Housekeeper |  |  |  |  |  |  |
| Custodian, groundskeeper |  |  |  |  |  |  |
| Insurance for personal property |  |  |  |  |  |  |
| Entertainment |  |  |  |  |  |  |
| Automobile | \$14,868 |  |  | \$15,121 |  |  |
| 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) |  |  |  | \$54,000 |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$22,148 | \$0 | \$0 | \$105,121 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

| Name: | Thomas George - Chancellor |
| ---: | :--- |
| Institution: | University of Missouri - St. Louis |
| Contact Person: | Debora Hulett, Lead Compensation Consultant |
| Phone: | 573-884-2021 |

## Direct Compensation:

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

|  | FY 2016 Actual Expenditures |  |  | FY 2017 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. Institution Foundations) | Amount Above Standard Benefit | Institutional Operating Funds | $\qquad$ | Amount Above Standard Benefit |
| Base salary | \$319,802 |  |  | \$319,802 |  |  |
| Medical/dental/vision insurance for self | \$5,745 |  |  | \$6,843 |  |  |
| Medical/dental/vision insurance for spouse/family |  |  |  |  |  |  |
| Long-term disability for self | \$294 |  |  | \$296 |  |  |
| Deferred compensation |  |  |  |  |  |  |
| Retirement benefit | \$35,594 |  |  | \$35,594 |  |  |
| Other (please specify) |  |  |  |  |  |  |
| Incentive | \$24,385 |  |  | \$27,533 |  |  |
| Life Insurance | \$81 |  |  | \$81 |  |  |
|  |  |  |  |  |  |  |
| Additional life insurance | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$385,901 | \$0 | \$0 | \$390,149 | \$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 2016 Actual Expenditures |  |  | FY 2017 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. Institutional Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional Operating Funds | Private Funds (e.g. Institutional Foundations) | Estimated Value of Compensation (not reflected in budget) |
| Housing |  |  |  | Univ provided (No market value available) |  |  |
| Utilities |  |  |  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |  |  |  |  |  |  |
| Housekeeper |  |  |  |  |  |  |
| Custodian, groundskeeper |  |  |  |  |  |  |
| Insurance for personal property |  |  |  |  |  |  |
| Entertainment |  |  |  |  |  |  |
| Automobile |  |  |  | Univ provided |  |  |
| 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) | \$54,000 |  |  | \$54,000 |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$54,000 | \$0 | \$0 | \$54,000 | \$0 | \$0 |

## Public Two Year Colleges

## 2017 President's/Chancellor's Compensation Survey

| Name: | Jennifer Methvin |
| ---: | :--- |
| Institution: | Crowder College |
| Contact Person: | Amy Rand |
| Phone: | $(417) 455-5533$ |

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


## 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 2016 Actual Expenditures |  |  | FY 2017 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 |  |  |  |  |  |  |
| 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 | \$15 |  |  | \$15 |  |  |
| Other (please specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$15 | \$0 | \$0 | \$15 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

| Name: | Carl J. Bauer |  |  |  |  |
| ---: | :--- | ---: | :---: | :---: | :---: |
| Institution: | East Central College |  |  |  |  |
| Contact Person: | Karen Rinne | HR Specialist |  |  |  |
| Phone: | $584-6711$ |  |  |  |  |

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 2016 Actual Expenditures |  |  | FY 2017 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 | \$147,755 |  |  | \$150,242 |  |  |
| Medical/dental/vision insurance for self | \$7,260 |  |  | \$7,370 |  |  |
| Medical/dental/vision insurance for spouse/family | \$7,126 |  |  | \$7,236 |  |  |
| Long-term disability for self | \$224 |  |  | \$242 |  |  |
| Deferred compensation |  |  |  |  |  |  |
| Retirement benefit | \$22,477 |  |  | \$22,854 |  |  |
| Other (please specify) |  |  |  |  |  |  |
| Travel | \$6,000 |  |  | \$6,000 |  |  |
| Health Savings Account | \$5,200 |  |  | \$5,200 |  |  |
| Life Insurance Premium Benefit | \$139 |  |  | \$122 |  |  |
| Additional life insurance | Value |  |  |  |  |  |
| The college provides \$100,000 Basic Life- Dr. Bauer purchased an additional \$140,000 |  |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$196,181 | \$0 | \$0 | \$199,266 | \$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 2016 Actual Expenditures |  |  | FY 2017 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 |  |  |  |  |  |  |
| 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 |

## 2017 President's/Chancellor's Compensation Survey

Name: Dr. Ray Cummiskey, President<br>Institution: Jefferson College<br>Contact Person: Daryl Gehbauer, Vice President Finance and Administration<br>Phone: (636)481-3120

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


## 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 2016 Actual Expenditures |  |  | FY 2017 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 |  |  |  |  |  |  |
| 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 |

## 2017 President's/Chancellor's Compensation Survey

Name: Mark James - Chancellor<br>Institution: Metropolitan Community College - Blue River<br>Contact Person: Shelley Kneuvean - 816-604-1253<br>Phone: 816-604-1011

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 2016 Actual Expenditures |  |  | FY 2017 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 | \$251,256 |  |  | \$251,256 |  |  |
| Medical/dental/vision insurance for self | \$9,435 |  |  | \$10,203 |  |  |
| Medical/dental/vision insurance for spouse/family | \$0 |  |  | \$0 |  |  |
| Long-term disability for self | \$882 |  |  | \$882 |  |  |
| Deferred compensation |  |  |  |  |  |  |
| Retirement benefit | \$36,432 |  |  | \$36,432 |  |  |
| Other (please specify) |  |  |  |  |  |  |
| 403b | \$1,000 |  |  | \$1,000 |  |  |
| Life insurance | \$1,814 |  | \$605 | \$1,814 |  | \$605 |
|  |  |  |  |  |  |  |
| Additional life insurance | Value |  |  |  |  |  |
|  | \$0 |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  | \$0 |  |  |  |  |  |
| TOTAL | \$300,819 | \$0 | \$605 | \$301,587 | \$0 | \$605 |

## 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 2016 Actual Expenditures |  |  | FY 2017 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 | \$3,848 |  |  | \$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 | \$3,848 | \$0 | \$0 | \$3,600 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

Name: Michael Banks - President<br>Institution: Metropolitan Community College - Blue River<br>Contact Person: Shelley Kneuvean - 816-604-1253<br>Phone: 816-604-6542

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 2016 Actual Expenditures |  |  | FY 2017 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 | \$162,633 |  |  | \$168,011 |  |  |
| Medical/dental/vision insurance for self | \$7,840 |  |  | \$8,470 |  |  |
| Medical/dental/vision insurance for spouse/family | \$9,856 |  |  | \$10,327 |  |  |
| Long-term disability for self | \$588 |  |  | \$630 |  |  |
| Deferred compensation |  |  |  |  |  |  |
| Retirement benefit | \$23,582 |  |  | \$24,362 |  |  |
| Other (please specify) |  |  |  |  |  |  |
| 403b | \$1,000 |  |  | \$1,000 |  |  |
| Life Insurance | \$1,171 |  | \$391 | \$1,212 |  | \$403 |
|  |  |  |  |  |  |  |
| Additional life insurance | Value |  |  |  |  |  |
|  | \$0 |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  | \$0 |  |  |  |  |  |
| TOTAL | \$206,670 | \$0 | \$391 | \$214,012 | \$0 | \$403 |

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 2016 Actual Expenditures |  |  | FY 2017 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 |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |  |  |  |  |  |  |
| Housekeeper |  |  |  |  |  |  |
| Custodian, groundskeeper |  |  |  |  |  |  |
| Insurance for personal property |  |  |  |  |  |  |
| Entertainment |  |  |  |  |  |  |
| Automobile | \$6,985 |  |  | \$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 | \$6,985 | \$0 | \$0 | \$7,200 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

| Name: | Jackie Gill -President (start date 2/29/16) |
| ---: | :--- |
| Institution: | Metropolitan Community College - BTC |
| Contact Person: | Shelley Kneuvean 816-604-1253 |
| Phone: | 816-604-5250 |

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 2016 Actual Expenditures |  |  | FY 2017 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 | $\begin{array}{r} \$ 51,688 \\ \text { (prorated) } \end{array}$ |  |  | \$151,000 |  |  |
| Medical/dental/vision insurance for self | \$6,533 |  |  | \$8,470 |  |  |
| Medical/dental/vision insurance for spouse/family | \$0 |  |  | \$0 |  |  |
| Long-term disability for self | \$455 |  |  | \$634 |  |  |
| Deferred compensation |  |  |  |  |  |  |
| Retirement benefit | \$7,498 |  |  | \$21,895 |  |  |
| Other (please specify) |  |  |  |  |  |  |
| 403b | \$0 |  |  | \$1,000 |  |  |
| Life Insurance | \$1,087 |  | \$362 | \$1,087 |  | \$362 |
|  |  |  |  |  |  |  |
| Additional life insurance | Value |  |  |  |  |  |
|  | \$0 |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  | \$0 |  |  |  |  |  |
| TOTAL | \$67,261 | \$0 | \$362 | \$184,086 | \$0 | \$362 |

## 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 2016 Actual Expenditures |  |  | FY 2017 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. Institutional Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional Operating Funds | Private Funds (e.g. Institutional Foundations) | Estimated Value of Compensation (not reflected in budget) |
| Housing |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |  |  |  |  |  |  |
| Housekeeper |  |  |  |  |  |  |
| Custodian, groundskeeper |  |  |  |  |  |  |
| Insurance for personal property |  |  |  |  |  |  |
| Entertainment |  |  |  |  |  |  |
| Automobile | \$3,000 |  |  | \$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 | \$3,000 | \$0 | \$0 | \$7,200 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

Name: Kirk Nooks - President<br>Institution: Metropolitan Community College - Longview<br>Contact Person: Shelley Kneuvean 816-604-1253<br>Phone: 816-604-2414

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 2016 Actual Expenditures |  |  | FY 2017 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 | \$154,800 |  |  | \$159,396 |  |  |
| Medical/dental/vision insurance for self | \$7,840 |  |  | \$8,470 |  |  |
| Medical/dental/vision insurance for spouse/family | \$9,856 |  |  | \$10,327 |  |  |
| Long-term disability for self | \$546 |  |  | \$588 |  |  |
| Deferred compensation |  |  |  |  |  |  |
| Retirement benefit | \$22,446 |  |  | \$23,112 |  |  |
| Other (please specify) |  |  |  |  |  |  |
| 403B | \$0 |  |  | \$0 |  |  |
| Life Insurance | \$1,116 |  | \$372 | \$1,150 |  | \$384 |
|  |  |  |  |  |  |  |
| Additional life insurance | Value |  |  |  |  |  |
|  | \$0 |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  | \$0 |  |  |  |  |  |
| TOTAL | \$196,604 | \$0 | \$372 | \$203,043 | \$0 | \$384 |

## 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 2016 Actual Expenditures |  |  | FY 2017 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 |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |  |  |  |  |  |  |
| Housekeeper |  |  |  |  |  |  |
| Custodian, groundskeeper |  |  |  |  |  |  |
| Insurance for personal property |  |  |  |  |  |  |
| Entertainment |  |  |  |  |  |  |
| Automobile | \$5,989 |  |  | \$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 | \$5,989 | \$0 | \$0 | \$7,200 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

Name: Utpal Goswami<br>Institution: Metropolitan Community College - Maple Woods<br>Contact Person: Shelley Kneuvean 816-604-1253<br>Phone: 816-604-3046

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 2016 Actual Expenditures |  |  | FY 2017 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 | \$159,960 |  |  | \$164,659 |  |  |
| Medical/dental/vision insurance for self | \$7,840 |  |  | \$8,470 |  |  |
| Medical/dental/vision insurance for spouse/family | \$6,172 |  |  | \$6,317 |  |  |
| Long-term disability for self | \$588 |  |  | \$588 |  |  |
| Deferred compensation |  |  |  |  |  |  |
| Retirement benefit | \$23,194 |  |  | \$23,876 |  |  |
| Other (please specify) |  |  |  |  |  |  |
| 403b | \$1,000 |  |  | \$1,000 |  |  |
| Life Insurance | \$1,152 |  | \$384 | \$1,186 |  | \$396 |
|  |  |  |  |  |  |  |
| Additional life insurance | Value |  |  |  |  |  |
|  | \$0 |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  | \$0 |  |  |  |  |  |
| TOTAL | \$199,906 | \$0 | \$384 | \$206,096 | \$0 | \$396 |

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 2016 Actual Expenditures |  |  | FY 2017 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 | \$7,723 |  |  | \$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 | \$7,723 | \$0 | \$0 | \$7,200 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

Name: Joseph Seabrooks*<br>Institution: Metropolitan Community College - Penn Valley<br>Contact Person: Shelley Kneuvean 816-604-1253<br>Phone: 816-604-4205

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 2016 Actual Expenditures |  |  | FY 2017 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 | \$174,731 |  |  | \$160,000 |  |  |
| Medical/dental/vision insurance for self | \$7,840 |  |  | \$8,470 |  |  |
| Medical/dental/vision insurance for spouse/family | \$9,856 |  |  | \$0 |  |  |
| Long-term disability for self | \$630 |  |  | \$630 |  |  |
| Deferred compensation |  |  |  |  |  |  |
| Retirement benefit | \$25,336 |  |  | \$23,200 |  |  |
| Other (please specify) |  |  |  |  |  |  |
| 403b | \$1,000 |  |  | \$1,000 |  |  |
| Life Insurance | \$1,219 |  | \$408 | \$1,152 |  | \$384 |
|  |  |  |  |  |  |  |
| Additional life insurance | \$0 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Annuity | \$0 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$220,612 | \$0 | \$408 | \$194,452 | \$0 | \$384 |

## 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 2016 Actual Expenditures |  |  | FY 2017 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. <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 | \$4,698 |  |  | \$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 | \$4,698 | \$0 | \$0 | \$7,200 | \$0 | \$0 |

*In FY 2017, this position was filled with an independent contractor acting as the interim president. This is a contract and the compensation does not run through the College's payroll system

## 2017 President's/Chancellor's Compensation Survey

| Name: | Steven Kurtz |
| ---: | :--- |
| Institution: | Mineral Area College |
| Contact Person: | Sarah Dement |
| Phone: | 573-518-2129 |

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

|  | FY 2016 Actual Expenditures |  |  | FY 2017 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 | \$171,976 |  |  | \$177,135 |  |  |
| Medical/dental/vision insurance for self | \$6,939 |  |  | \$7,186 |  |  |
| Medical/dental/vision insurance for spouse/family |  |  |  |  |  |  |
| Long-term disability for self | \$223 |  |  | \$200 |  |  |
| Deferred compensation | \$23,000 |  |  | \$25,000 |  |  |
| Retirement benefit | \$25,943 |  |  | \$26,727 |  |  |
| Other (please specify) |  |  |  |  |  |  |
| Stipends | \$203 |  |  | \$101 |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Additional life insurance | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$228,284 | \$0 | \$0 | \$236,349 | \$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 2016 Actual Expenditures |  |  | FY 2017 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 |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |  |  |  |  |  |  |
| Housekeeper |  |  |  |  |  |  |
| Custodian, groundskeeper |  |  |  |  |  |  |
| Insurance for personal property |  |  |  |  |  |  |
| Entertainment |  |  |  |  |  |  |
| Automobile | \$5,350 |  |  | \$5,350 |  |  |
| Automobile allowance (provided for private lease/purchase) | \$1,552 |  |  | \$1,552 |  |  |
| Automobile repair/maintenance/mileage | \$398 |  |  | \$387 |  |  |
| Professional development |  |  |  |  |  |  |
| Expense for spouse/family to attend meeting |  |  |  |  |  |  |
| Club/other memberships |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |
| Cell Phone | \$1,321 |  |  | \$1,200 |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$8,621 | \$0 | \$0 | \$8,489 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

Name: Jeffery C. Lashley<br>Institution: Moberly Area Community College<br>Contact Person: Ann Parks<br>Phone: 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 2016 Actual Expenditures |  |  | FY 2017 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 | \$171,000 |  |  | \$171,000 |  |  |
| Medical/dental/vision insurance for self | \$8,537 |  | \$295 | \$7,501 |  | \$180 |
| Medical/dental/vision insurance for spouse/family | \$11,684 |  | \$11,684 | \$12,055 |  | \$12,055 |
| Long-term disability for self |  |  |  |  |  |  |
| Deferred compensation |  |  |  |  |  |  |
| Retirement benefit | \$26,033 |  |  | \$25,883 |  |  |
| Other (please specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Additional life insurance | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$217,254 | \$0 | \$11,979 | \$216,439 | \$0 | \$12,235 |

## 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 2016 Actual Expenditures |  |  | FY 2017 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 |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |  |  |  |  |  |  |
| Housekeeper |  |  |  |  |  |  |
| Custodian, groundskeeper |  |  |  |  |  |  |
| Insurance for personal property |  |  |  |  |  |  |
| Entertainment |  |  |  |  |  |  |
| Automobile | \$9,000 |  |  | \$9,000 |  |  |
| 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 | \$646 |  |  | \$650 |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$9,646 | \$0 | \$0 | \$9,650 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

Name: Dr. Lenny Klaver (started May 2016)<br>Institution: North Central Missouri College<br>Contact Person: Tyson Otto<br>Phone: 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 2016 Actual Expenditures |  |  | FY 2017 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 |  |
| Automobile |  |  |  |  |  |  |
| Automobile allowance (provided for private lease/purchase) | \$667 |  |  | \$8,000 |  |  |
| Automobile repair/maintenance/mileage | \$1,767 |  |  | \$10,500 |  |  |
| Professional development |  |  |  |  |  |  |
| Expense for spouse/family to attend meetings |  |  |  |  |  |  |
| Club/other memberships |  |  |  | \$500 |  |  |
| Other (please specify) |  |  |  |  |  |  |
| Phone Stipend | \$90 |  |  | \$720 |  |  |
| Medical Allowance | \$0 |  |  | \$500 |  |  |
| Moving Expenses | \$2,648 |  |  |  |  |  |
| TOTAL | \$5,172 | \$0 | \$0 | \$20,220 | \$1,200 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

Name: Dr. Neil Nuttall (retired June 2016)<br>Institution: North Central Missouri College<br>Contact Person: Tyson Otto<br>Phone: 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 2016 Actual Expenditures |  |  | FY 2017 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 |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |  |  |  |  |  |  |
| Housekeeper |  |  |  |  |  |  |
| Custodian, groundskeeper |  |  |  |  |  |  |
| Insurance for personal property |  |  |  |  |  |  |
| Entertainment |  | \$1,200 |  |  |  |  |
| Automobile |  |  |  |  |  |  |
| Automobile allowance (provided for private lease/purchase) | \$8,000 |  |  |  |  |  |
| Automobile repair/maintenance/mileage | \$7,980 |  |  |  |  |  |
| Professional development |  |  |  |  |  |  |
| Expense for spouse/family to attend meetings |  |  |  |  |  |  |
| Club/other memberships |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |
| Phone Stipend | \$630 |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$16,610 | \$1,200 | \$0 | \$0 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

| Name: | Dr. Hal Higdon |
| ---: | :--- |
| Institution: | Ozarks Technical Community College |
| Contact Person: | 417-447-4842 |
| Phone: | 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 2016 Actual Expenditures |  |  | FY 2017 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 | \$246,472 |  |  | \$251,402 |  |  |
| Medical/dental/vision insurance for self | \$6,159 |  |  | \$6,342 |  |  |
| Medical/dental/vision insurance for spouse/family | \$8,598 |  | \$8,598 | \$2,758 |  | \$2,758 |
| Long-term disability for self | \$130 |  |  | \$130 |  |  |
| Deferred compensation |  |  |  |  |  |  |
| Retirement benefit | \$41,712 |  |  | \$42,448 |  |  |
| Other (please specify) |  |  |  |  |  |  |
| Group Term Life Insurance | \$102 |  |  | \$102 |  |  |
| Health and Wellness Center | \$600 |  |  | \$600 |  |  |
| 403b | \$23,000 |  | \$23,000 | \$23,000 |  | \$23,000 |
| Additional life insurance | Value |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$326,773 | \$0 | \$31,598 | \$326,782 | \$0 | \$25,758 |

## 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 2016 Actual Expenditures |  |  | FY 2017 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. <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) | \$12,000 |  |  | \$12,000 |  |  |
| Automobile repair/maintenance/mileage | \$633 |  |  | \$340 |  |  |
| Professional development |  |  |  |  |  |  |
| Expense for spouse/family to attend meetings |  |  |  |  |  |  |
| Club/other memberships | \$420 |  |  | \$420 |  |  |
| Other (please specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$13,053 | \$0 | \$0 | \$12,760 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

Name: Dr. Jeffrey Jochems<br>Institution: Ozarks Technical Community College - Richwood Valley Campus<br>Contact Person: 417-447-4842<br>Phone: 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.


## 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 2016 Actual Expenditures |  |  | FY 2017 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 | \$2,187 |  |  | \$1,232 |  |  |
| Professional development |  |  |  |  |  |  |
| Expense for spouse/family to attend meetings |  |  |  |  |  |  |
| Club/other memberships |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$2,187 | \$0 | \$0 | \$1,232 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

Name: Mr. Cliff Davis<br>Institution: Ozarks Technical Community College - Table Rock Campus<br>Contact Person: (417) 447-4842<br>Phone: 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.


## 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 2016 Actual Expenditures |  |  | FY 2017 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. <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) | \$9,600 |  |  | \$9,600 |  |  |
| Automobile repair/maintenance/mileage | \$3,958 |  |  | \$2,098 |  |  |
| Professional development |  |  |  |  |  |  |
| Expense for spouse/family to attend meetings |  |  |  |  |  |  |
| Club/other memberships |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$13,558 | \$0 | \$0 | \$11,698 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

| Name: | Ron Chesbrough |
| ---: | :--- |
| Institution: | St. Charles Community College |
| Contact Person: | Justine Lundin |
| Phone: | 636-922-8593 |

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 2016 Actual Expenditures |  |  | FY 2017 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 |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |  |  |  |  |  |  |
| Housekeeper |  |  |  |  |  |  |
| Custodian, groundskeeper |  |  |  |  |  |  |
| Insurance for personal property |  |  |  |  |  |  |
| Entertainment |  |  |  |  |  |  |
| Automobile | \$3,800 |  |  | \$2,100 |  |  |
| Automobile allowance (provided for private lease/purchase) |  |  |  |  |  |  |
| Automobile repair/maintenance/mileage |  |  |  |  |  |  |
| Professional development |  |  |  |  |  |  |
| Expense for spouse/family to attend meetings |  |  |  |  |  |  |
| Club/other memberships | \$6,050 |  |  | \$3,850 |  |  |
| Other (please specify) |  |  |  |  |  |  |
| Cell phone | \$715 |  |  | \$455 |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$10,565 | \$0 | \$0 | \$6,405 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

| Name: | Todd Galbierz - Interim President |
| ---: | :--- |
| Institution: | St. Charles Community College |
| Contact Person: | Justine Lundin |
| Phone: | $636-922-8593$ |

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 2016 Actual Expenditures |  |  | FY 2017 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 | \$51,515 |  |  | \$22,078 |  |  |
| Medical/dental/vision insurance for self |  |  |  |  |  |  |
| Medical/dental/vision insurance for spouse/family |  |  |  |  |  |  |
| Long-term disability for self |  |  |  |  |  |  |
| Deferred compensation |  |  |  |  |  |  |
| Retirement benefit | \$7,470 |  |  | \$3,201 |  |  |
| Other (please specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Additional life insurance | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$58,984 | \$0 | \$0 | \$25,279 | \$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 2016 Actual Expenditures |  |  | FY 2017 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 |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |  |  |  |  |  |  |
| Housekeeper |  |  |  |  |  |  |
| Custodian, groundskeeper |  |  |  |  |  |  |
| Insurance for personal property |  |  |  |  |  |  |
| Entertainment |  |  |  |  |  |  |
| Automobile | \$2,100 |  |  | \$900 |  |  |
| 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 | \$2,100 | \$0 | \$0 | \$900 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

| Name: | Dr. Barbara Kavalier |
| ---: | :--- |
| Institution: | St. Charles Community College |
| Contact Person: | Justine Lundin |
| Phone: | $636-922-8593$ |

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 2016 Actual Expenditures |  |  | FY 2017 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 |  |  |  | \$216,000 |  |  |
| Medical/dental/vision insurance for self |  |  |  |  |  |  |
| Medical/dental/vision insurance for spouse/family |  |  |  |  |  |  |
| Long-term disability for self |  |  |  |  |  |  |
| Deferred compensation |  |  |  |  |  |  |
| Retirement benefit |  |  |  | \$31,320 |  |  |
| Other (please specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Additional life insurance | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$0 | \$0 | \$0 | \$247,320 | \$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 2016 Actual Expenditures |  |  | FY 2017 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 |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |  |  |  | \$6,000 |  |  |
| 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) |  |  |  |  |  |  |
| Cell phone |  |  |  | \$1,560 |  |  |
| Relocation |  |  |  | \$10,000 |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$0 | \$0 | \$0 | \$24,760 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

Name: Jeff Pittman, Chancellor<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 2016 Actual Expenditures |  |  | FY 2017 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 | \$260,000 |  |  | \$267,800 |  |  |
| Medical/dental/vision insurance for self | \$42 |  |  | \$36 |  |  |
| Medical/dental/vision insurance for spouse/family | \$34 |  |  | \$29 |  |  |
| Long-term disability for self | \$272 |  |  | \$272 |  |  |
| Deferred compensation |  |  |  |  |  |  |
| Retirement benefit | \$38,425 |  |  | \$40,163 |  |  |
| Other (please specify) |  |  |  |  |  |  |
| 403(b) |  |  | \$18,000 |  | \$18,000 |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Additional life insurance | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$298,773 | \$0 | \$18,000 | \$308,300 | \$18,000 | \$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 2016 Actual Expenditures |  |  | FY 2017 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 | \$29,000 |  |  | \$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 | \$40,100 | \$0 | \$0 | \$35,100 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

Name: Ruby Curry, Interim President<br>Institution: St Louis Community College, Florissant Valley<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 2016 Actual Expenditures |  |  | FY 2017 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 | \$159,533 |  |  |  |  |  |
| Medical/dental/vision insurance for self | \$6,602 |  |  |  |  |  |
| Medical/dental/vision insurance for spouse/family |  |  |  |  |  |  |
| Long-term disability for self | \$249 |  |  |  |  |  |
| Deferred compensation |  |  |  |  |  |  |
| Retirement benefit | \$24,090 |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |
| 403(b) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Additional life insurance | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$190,474 | \$0 | \$0 | \$0 | \$0 | \$0 |

## Other Compensation:

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

|  | FY 2016 Actual Expenditures |  |  | FY 2017 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 |  |  |  |  |  |  |
| 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 |

## 2017 President's/Chancellor's Compensation Survey

Name: Roderick Nunn, Interim President<br>Institution: St Louis Community College, Forest Park<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 2016 Actual Expenditures |  |  | FY 2017 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 | \$119,650 |  |  |  |  |  |
| Medical/dental/vision insurance for self | \$5,353 |  |  |  |  |  |
| Medical/dental/vision insurance for spouse/family | \$269 |  |  |  |  |  |
| Long-term disability for self | \$204 |  |  |  |  |  |
| Deferred compensation |  |  |  |  |  |  |
| Retirement benefit | \$18,125 |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |
| 403(b) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Additional life insurance | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$143,601 | \$0 | \$0 | \$0 | \$0 | \$0 |

## Other Compensation:

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

|  | FY 2016 Actual Expenditures |  |  | FY 2017 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 |

## 2017 President's/Chancellor's Compensation Survey

Name: Pamela McIntyre, President<br>Institution: St Louis Community College, Meramec and Wildwood<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 2016 Actual Expenditures |  |  | FY 2017 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 | \$14,400 |  |  |  |  |  |
| Medical/dental/vision insurance for self |  |  |  |  |  |  |
| Medical/dental/vision insurance for spouse/family |  |  |  |  |  |  |
| Long-term disability for self |  |  |  |  |  |  |
| Deferred compensation |  |  |  |  |  |  |
| Retirement benefit | \$2,088 |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |
| 403(b) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Additional life insurance | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$16,488 | \$0 | \$0 | \$0 | \$0 | \$0 |

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

|  | FY 2016 Actual Expenditures |  |  | FY 2017 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 |

## 2017 President's/Chancellor's Compensation Survey

Name: Dr. Joanna J Anderson<br>Institution: State Fair Community College<br>Contact Person: Garry Sorrell<br>Phone: (660) 596-7301

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 2016 Actual Expenditures |  |  | FY 2017 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) | \$16,800 |  |  | \$6,804 |  |  |
| 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 | \$21,600 | \$0 | \$0 | \$11,604 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

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

## Direct Compensation:

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


## 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 2016 Actual Expenditures |  |  | FY 2017 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 |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase) | \$12,000 |  |  | \$12,000 |  |  |
| Housekeeper |  |  |  |  |  |  |
| Custodian, groundskeeper |  |  |  |  |  |  |
| Insurance for personal property |  |  |  |  |  |  |
| Entertainment |  |  |  |  |  |  |
| Automobile | \$588 |  |  | \$664 |  |  |
| 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 | \$640 |  |  | \$700 |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$13,228 | \$0 | \$0 | \$13,364 | \$0 | \$0 |

## State Technical College

## 2017 President's/Chancellor's Compensation Survey

Name: Dr. Donald M. Claycomb - Retired effective 6/30/2016<br>Institution: State Technical College of Missouri<br>Contact Person: Jenny Jacobs<br>Phone: 573-897-5147

## Direct Compensation:

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


## 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 2016 Actual Expenditures |  |  | FY 2017 Estimated Expenditures |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Institutional Operating Funds | Private Funds (e.g. Institutional Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional Operating Funds | Private Funds (e.g. Institutional Foundations) | Estimated Value of Compensation (not reflected in budget) |
| Housing |  |  |  |  |  |  |
| Utilities |  |  |  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |  |  |  |  |  |  |
| Housekeeper |  |  |  |  |  |  |
| Custodian, groundskeeper |  |  |  |  |  |  |
| Insurance for personal property |  |  |  |  |  |  |
| Entertainment |  |  |  |  |  |  |
| Automobile | \$5,600 |  |  |  |  |  |
| Automobile allowance (provided for private lease/purchase) |  |  |  |  |  |  |
| Automobile repair/maintenance/mileage | \$1,730 |  |  |  |  |  |
| Professional development |  |  |  |  |  |  |
| Expense for spouse/family to attend meetings |  |  |  |  |  |  |
| Club/other memberships |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$7,330 | \$0 | \$0 | \$0 | \$0 | \$0 |

## 2017 President's/Chancellor's Compensation Survey

Name: Dr. Shawn Strong - Started 7/1/16<br>Institution: State Technical College of Missouri<br>Contact Person: Jenny Jacobs<br>Phone: 573-897-5147

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

|  | FY 2016 Actual Expenditures |  |  | FY 2017 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 |  |  |  | \$180,000 |  |  |
| Medical/dental/vision insurance for self |  |  |  |  |  |  |
| Medical/dental/vision insurance for spouse/family |  |  |  | \$6,867 |  |  |
| Long-term disability for self |  |  |  |  |  |  |
| Deferred compensation |  |  |  |  |  |  |
| Retirement benefit |  |  |  | \$30,546 |  |  |
| Other (please specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Additional life insurance | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Annuity | Value |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$0 | \$0 | \$0 | \$217,413 | \$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 2016 Actual Expenditures |  |  | FY 2017 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) |  |  |  | \$13,308 |  |  |
| Housekeeper |  |  |  |  |  |  |
| Custodian, groundskeeper |  |  |  |  |  |  |
| Insurance for personal property |  |  |  |  |  |  |
| Entertainment |  |  |  |  |  |  |
| Automobile |  |  |  | \$5,600 |  |  |
| Automobile allowance (provided for private lease/purchase) |  |  |  |  |  |  |
| Automobile repair/maintenance/mileage |  |  |  | \$2,000 |  |  |
| Professional development |  |  |  |  |  |  |
| Expense for spouse/family to attend meetings |  |  |  |  |  |  |
| Club/other memberships |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |
| Moving expenses included in gross pay - \$1,050.00 |  |  |  | \$3,506 |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| TOTAL | \$0 | \$0 | \$0 | \$24,414 | \$0 | \$0 |

