



Form 990-EZ

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

2017

Open to Public Inspection

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury Internal Revenue Service MAY 15 2018 ENVELOPE POSTAGE DATE

Header section containing organization name (ANN A TRAVER CHARITABLE TRUST B), address (P.O. BOX 11356, CLAYTON, MO 63105-0156), and identification numbers.

Form of organization (Trust) and gross receipts information (\$59,187).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Main table with 21 rows detailing revenue (Total: 27,409), expenses (Total: 18,739), and net assets (Total: 321,510).

For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017)

SCANNED AUG 15 2018

Handwritten number 1340 and a small number 7.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . . .

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) organizations only N/A
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation


f Total number of other employees paid over \$100,000 ▶
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		Date
	Signature of officer	04/23/2018
	COMMERCE TRUST CO. TRUSTEE	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Self-Prepared Return				
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Name of the organization

Employer identification number

ANN A TRAVER CHARITABLE TRUST B

37-6298896

FORM 990-EZ, PAGE 1, PART I, LINE 16 - OTHER EXPENSE

DESCRIPTION

AMOUNT

State Income Taxes	15.
Foreign Taxes on Qualified Foreign	90.
Foreign Taxes on Nonqualified Forei	9.

TOTAL

114.

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Name of the organization

ANN A TRAVER CHARITABLE TRUST B

Employer identification number

37-6298896

FORM 990EZ, PAGE 2, PART II, LINE 22 - CASH, SAVINGS AND INVESTMENTS
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DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
SAVINGS	13,144.	12,490.
INVESTMENTS - PUBLICLY TRADED SECURITIES	299,723.	309,020.
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TOTALS	312,867.	321,510.
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Name of the organization

ANN A TRAVER CHARITABLE TRUST B

Employer identification number

37-6298896

FORM 990EZ, PAGE 1, PART I, LINE 20-OTHER DECREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
BOOK TO TAX DIFFERENCE	27.
TOTAL	27.

Name of the organization

Employer identification number

ANN A TRAVER CHARITABLE TRUST B

37-6298896

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

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ORGANIZATION PROVIDES GENERAL SUPPORT GRANTS TO VARIOUS CHARITABLE ORGANIZATIONS.