

Short Form

OMB No. 1545-1150

Form 990-EZ

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2003

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2003 calendar year, or tax year beginning, 2003, and ending, 20

B Check if applicable:

- Address change
Name change
Initial return
Final return
Amended return
Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
City or town, state or country, and ZIP + 4

D Employer identification number
E Telephone number
F Group Exemption Number

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual Other (specify)

I Website:

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one): 501(c) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Each section includes a description of the item and a corresponding line number.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)

Table with 3 columns: Description, (A) Beginning of year, and (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; and Net assets or fund balances.

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)		Expenses
What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
28	(Grants \$ )	28a
29	(Grants \$ )	29a
30	(Grants \$ )	30a
31	Other program services (attach schedule) (Grants \$ )	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a		
b	Did the organization file Form 1120-POL for this year?		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b		
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization		
41	List the states with which a copy of this return is filed.		
42	The books are in care of Telephone no. Located at ZIP + 4		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		

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.

Please Sign Here	Signature of officer	Date		
	Type or print name and title.			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	



990EZ Mississippi Postal Workers Union. American Postal Workers Union is Parent Organization

Name and Address	Title and average hours worked	Compensation	Contributions to benefit plans ect	exp account and other allowances
Sundrenia Thigpen P O Box 3775 Jackson, MS 39207	President 5 Hours	750	0	0
Mark Cunningham P O Box 3775 Jackson, MS 39207	Vice President 1 Hour	0	0	0
Tommy J. Cagle P O Box 3775 Jackson, MS 39207	Secretary /Treasurer 2 Hours	2149	0	0
Lane Landry P O Box 3775 Jackson, MS 39207	Editor/Historian 4 Hours	300	0	0
Doris Smith P O Box 3775 Jackson, MS 39207	District Director 2 Hours	99	0	0
Edward Rice P O Box 3775 Jackson, MS 39207	District Director 2 Hours	0	0	0
Jerry Moore P O Box 3775 Jackson, MS 39207	District Director 2 Hours	<b>200</b>	0	0
Dorothy Hollingsworth P O Box 3775 Jackson, MS 39207	District Director 2 Hours	0	0 ~	0
Alphanso Barker P O Box 3775 Jackson, MS 39207	District Director 2 Hours	0	0	0

Item 10, Grant \$1,452 to Mississippi Postal Workers Auxiliary

Item 16, Attendance at training seminars, Hold State convention, Office expenses, and Process grievances for the membership.

Item 20, difference in amount of payroll tax's owed

2003 YEAR EIF 64-0862357