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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 black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: HOOPLA ASSOCIATION. Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 127. City or town, state or country, and ZIP + 4: SALEM, OR 97308

D Employer identification number: 93-1272479. E Telephone number: (503) 362-7592. F Group Exemption Number

G Accounting method: Cash. I Website: WWW.SALEMHOOPLA.COM. J Tax-Exempt status: 501(c)(3)

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

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

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 2 columns. Rows 1-9: Revenue (Total 137,418). Rows 10-17: Expenses (Total 126,037). Rows 18-21: Net Assets (Total 29,611).

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	9,978	22	20,622
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	8,252	24	8,989
25 Total assets	18,230	25	29,611
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	18,230	27	29,611

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?
TO PROVIDE YOUTH SPORTS & ACTIVITIES

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, and other relevant information for each program title

28 TO PROVIDE YOUTH SPORTS AND ACTIVITIES THROUGHOUT THE COMMUNITY (Grants \$ 28,946) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	126,037
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	126,037

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(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
JASON UNRUH PO BOX 127 SALEM, OR 97309	PRESIDENT 5 00	0	0	0
CARROLL UNRUH PO BOX 127 SALEM, OR 97309	DIRECTOR 1 00	0	0	0
GEOFF GRASS PO BOX 127 SALEM, OR 97309	DIRECTOR 1 00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes input fields for amounts and dates, and Yes/No columns.

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions regarding controlled entities and political activities.

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions regarding lobbying, school status, and related organizations.

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"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000; (b) Title and average hours per week devoted to position; (c) Compensation; (d) Contributions to employee benefit plans & deferred compensation; (e) Expense account and other allowances.

50(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"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

51(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 and 4947(a)(1) nonexempt charitable trusts 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: Signature of officer (*****), Date (2011-09-16), Type or print name and title (JASON UNRUH, PRESIDENT)

Paid Preparer's Use Only: Preparer's signature (DARYL V KNOX, CPA), Date, Check if self-employed, Preparer's taxpayer identification number, Firm's name (AKT LLP), address (680 HAWTHORNE AVE SE 140, SALEM, OR 97301), EIN, Phone no ((503) 585-7774)

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

Name of the organization
HOOPLA ASSOCIATION

Employer identification number
93-1272479

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION BASKETBALL HOOPS RENTAL AMOUNT 2,700

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME WEST SALEM GIRLS BASKETBALL GRANTEE ADDRESS 1776 TITAN DRIVE NORTHWEST SALEM, OR 97304 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/14/10 AMOUNT GIVEN 8,930

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME CHEMEKETA WOMEN'S BASKETBALL GRANTEE ADDRESS 4000 LANCASTER DRIVE NORTHEAST SALEM, OR 97305 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/14/10 AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME WALKER MIDDLE SCHOOL GRANTEE ADDRESS 1075 8TH STREET NORTHWEST SALEM, OR 97304 GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/29/10 AMOUNT GIVEN 673

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME SPRAGUE BOYS BASKETBALL GRANTEE ADDRESS 2373 KUEBLER RD S SALEM, OR 97302 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/14/10 AMOUNT GIVEN 4,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME SOUTH SALEM LACROSSE GRANTEE ADDRESS 1910 CHURCH STREET SOUTHEAST SALEM, OR 97302 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/14/10 AMOUNT GIVEN 1,250

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME CASCADE SWIMMING GRANTEE ADDRESS 10226 MARION ROAD SOUTHEAST TURNER, OR 97392 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/14/10 AMOUNT GIVEN 300

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME SKYBALL GRANTEE ADDRESS P O BOX 4386 SALEM, OR 97302 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/14/10 AMOUNT GIVEN 1,533

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME BOYS & GIRLS CLUB OF SALEM GRANTEE ADDRESS 1395 SUMMER STREET NORTHEAST SALEM, OR 97301 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/14/10 AMOUNT GIVEN 30

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME AMBER KRAMER GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/14/10 AMOUNT GIVEN 500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME CRISTINE MONTGOMERY GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/14/10 AMOUNT GIVEN 500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME SHANTIA MURRELL GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/14/10 AMOUNT GIVEN 500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CONTRIBUTIONS GRANTEE NAME DALLAS GIRLS BASKETBALL GRANTEE ADDRESS 1250 SE HOLMAN AVE DALLAS, OR 97338 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/14/10 AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CONTRIBUTIONS GRANTEE NAME WILLAMETTE HUMANE SOCIETY GRANTEE ADDRESS 4246 TURNER ROAD SE SALEM, OR 97317 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/14/10 AMOUNT GIVEN 210

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CONTRIBUTIONS GRANTEE NAME MARION-POLK FOODSHARE GRANTEE ADDRESS 1660 SALEM INDUSTRIAL DRIVE NE SALEM, OR 97301 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/14/10 AMOUNT GIVEN 195

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CONTRIBUTIONS GRANTEE NAME SALEM FAMILY YMCA GRANTEE ADDRESS 685 COURT ST NE SALEM, OR 97301 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/14/10 AMOUNT GIVEN 2,500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CONTRIBUTIONS GRANTEE NAME SOUTH SALEM BOYS BASKETBALL GRANTEE ADDRESS 1910 CHURCH STREET SOUTHEAST SALEM, OR 97302 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/14/10 AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CONTRIBUTIONS GRANTEE NAME SPRAGUE WATER POLO GRANTEE ADDRESS 2373 KUEBLER RD S SALEM, OR 97302 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/14/10 AMOUNT GIVEN 1,000

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CONTRIBUTIONS GRANTEE NAME WEST SALEM ORCHESTRA GRANTEE ADDRESS 1776 TITAN DRIVE NORTHWEST SALEM, OR 97304 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/14/10 AMOUNT GIVEN 500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CONTRIBUTIONS GRANTEE NAME WEST SALEM VOLLEYBALL GRANTEE ADDRESS 1776 TITAN DRIVE NORTHWEST SALEM, OR 97304 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/14/10 AMOUNT GIVEN 75

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CONTRIBUTIONS GRANTEE NAME WILSONVILLE BOY'S BASKETBALL GRANTEE ADDRESS 6800 SW WILSONVILLE RD WILSONVILLE, OR 97070 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/14/10 AMOUNT GIVEN 500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CONTRIBUTIONS GRANTEE NAME FIRSTGIVING GRANTEE ADDRESS 333 BRYANT ST , SUITE 140 SAN FRANCISCO, CA 94107 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/19/10 AMOUNT GIVEN 500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CONTRIBUTIONS GRANTEE NAME SALEM SPORTS & BREAKFAST CLUB GRANTEE ADDRESS 1910 CHURCH STREET SOUTHEAST SALEM, OR 97302 GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/29/10 AMOUNT GIVEN 500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CONTRIBUTIONS GRANTEE NAME KEIZER YOUTH BASKETBALL ASSOCIATION GRANTEE ADDRESS P O BOX 20417 KEIZER, OR 97307 GRANTEE RELATIONSHIP NONE DATE OF GIFT 04/12/10 AMOUNT GIVEN 250

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CONTRIBUTIONS GRANTEE NAME THE LEUKEMIA & LYMPHOMA SOCIETY GRANTEE ADDRESS 1311 MAMARONECK AVENUE, SUITE 310 WHITE PLAINS, NY 10605 GRANTEE RELATIONSHIP NONE DATE OF GIFT 03/16/10 AMOUNT GIVEN 500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION CONTRIBUTIONS GRANTEE NAME SALEM SLYDERS GRANTEE ADDRESS 5457 BELLFLOWER ST SE SALEM, OR 97306 GRANTEE RELATIONSHIP NONE DATE OF GIFT 07/30/10 AMOUNT GIVEN 1,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 28,946

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION OFFICE EXPENSES AMOUNT 3,545 DESCRIPTION T-SHIRTS & HATS AMOUNT 21,244 DESCRIPTION BASKETBALL SUPPLIES AMOUNT 3,800 DESCRIPTION MUSIC SERVICES AMOUNT 4,500 DESCRIPTION AWARDS AMOUNT 5,365 DESCRIPTION VOLUNTEER MEALS AMOUNT 1,571 DESCRIPTION TENTS, TABLES & CHAIRS AMOUNT 7,699 DESCRIPTION INSURANCE AMOUNT 1,536 DESCRIPTION REFEREES & SECURITY AMOUNT 8,892 DESCRIPTION TOILETS AMOUNT 1,230 DESCRIPTION BANK FEES & INTEREST EXPENSE AMOUNT 199 DESCRIPTION MISCELLANEOUS EXPENSE AMOUNT 2,037 DESCRIPTION PLANNING MEETING AMOUNT 921 DESCRIPTION PROMOTION AMOUNT 5,215 DESCRIPTION SPONSORSHIP AMOUNT 664 DESCRIPTION DEPRECIATION AMOUNT 2,308 TOTAL TO FORM 990-EZ, LINE 16 70,726

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 8,252 END OF YEAR AMOUNT 8,989

**TY 2010 Transfers Personal Benefits
Contracts Declaration**

Name: HOOPLA ASSOCIATION

EIN: 93-1272479

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.