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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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

- 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): 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: [X] Cash [] Accrual [] Other (specify)

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

I Website: WWW.SALEMHOOPLA.COM

J Tax-Exempt status (check only one): [] 501(c)(3) [X] 501(c)(4) (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

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 \$ 148,641

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

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

Table with 3 columns: Description, Line Number, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue: 148,641. Total expenses: 133,037. Net assets at end of year: 45,215.

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	20,622	22	19,040
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	8,989	24	26,175
25 Total assets	29,611	25	45,215
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)	29,611	27	45,215

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 21,450) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	133,037
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)	32	133,037

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 (2011) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, political expenditures, loans, and controlled entities.

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		
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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

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		
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48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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 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

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 address of each independent contractor paid more than \$100,000	(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 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	2012-11-02
***** Signature of officer	Date
JASON UNRUH, PRESIDENT Type or print name and title	

Paid Preparer's Use Only	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P01443517
Preparer's signature DARYL V KNOX CPA			
Firm's name (or yours if self-employed), address, and ZIP + 4 AKT LLP 680 HAWTHORNE AVE SE 140 SALEM, OR 97301			EIN 93-0623286 Phone no (503) 585-7774

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

Additional Data

Software ID:

Software Version:

EIN: 93-1272479

Name: HOOPLA ASSOCIATION

Form 990-EZ, Special Condition Description:

Special Condition Description

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 2,400
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 02/23/11 AMOUNT GIVEN 3,000
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 10/05/11 AMOUNT GIVEN 1,500
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 10/10/11 AMOUNT GIVEN 4,000
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 10/10/11 AMOUNT GIVEN 1,000
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 10/10/11 AMOUNT GIVEN 300
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 09/21/11 AMOUNT GIVEN 400
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 09/21/11 AMOUNT GIVEN 400
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 09/21/11 AMOUNT GIVEN 200
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME DALLAS GIRLS BASKETBALL GRANTEE ADDRESS 1250 SE HOLMAN AVE DALLAS, OR 97338 GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/07/11 AMOUNT GIVEN 1,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME SPRAGUE WATER POLO GRANTEE ADDRESS 2373 KUEBLER RD S SALEM, OR 97302 GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/07/11 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME WEST SALEM BOYS BASKETBALL GRANTEE ADDRESS 1776 TITAN DRIVE NORTHWEST SALEM, OR 97304 GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/27/11 AMOUNT GIVEN 1,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME SALEM BIBLE STUDENTS GRANTEE ADDRESS 12234 RIVER RD NE GERVAIS, OR 97026 GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/02/11 AMOUNT GIVEN 750
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME ALEX BLACKMAN GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/02/11 AMOUNT GIVEN 250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME JESSE AILSHACK GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/05/11 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME MCNARY BOYS BASKETBALL GRANTEE ADDRESS 595 CHEMAWA RD N KEIZER, OR 97303 GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/10/11 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME REGIS BOYS BASKETBALL GRANTEE ADDRESS 550 WEST REGIS STREET STAYTON, OR 97383 GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/10/11 AMOUNT GIVEN 750
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME SPRAGUE GIRLS BASKETBALL GRANTEE ADDRESS 2373 KUEBLER RD S SALEM, OR 97302 GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/10/11 AMOUNT GIVEN 1,500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME MCKAY BOYS BASKETBALL GRANTEE ADDRESS 2440 LANCASTER DRIVE NE SALEM, OR 97305 GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/10/11 AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME MYERS ELEMENTARY GRANTEE ADDRESS 2160 JEWEL ST NW SALEM, OR 97304 GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/10/11 AMOUNT GIVEN 500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME SPRAGUE HIGH SCHOOL GRANTEE ADDRESS 2373 KUEBLER RD S SALEM, OR 97302 GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/10/11 AMOUNT GIVEN 400 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 21,450
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION OFFICE EXPENSES AMOUNT 4,180 DESCRIPTION T-SHIRTS & HATS AMOUNT 18,191 DESCRIPTION MUSIC SERVICES AMOUNT 3,450 DESCRIPTION AWARDS AMOUNT 8,219 DESCRIPTION VOLUNTEER MEALS AMOUNT 1,065 DESCRIPTION TENTS, TABLES & CHAIRS AMOUNT 10,139 DESCRIPTION INSURANCE AMOUNT 4,284 DESCRIPTION REFEREES & SECURITY AMOUNT 9,457 DESCRIPTION TOILETS AMOUNT 1,180 DESCRIPTION BANK FEES & INTEREST EXPENSE AMOUNT 58 DESCRIPTION MISCELLANEOUS EXPENSE AMOUNT 1,966 DESCRIPTION PLANNING MEETING AMOUNT 2,242 DESCRIPTION PROMOTION AMOUNT 2,600 DESCRIPTION SPONSORSHIP AMOUNT 2,681 DESCRIPTION LODGING AMOUNT 1,268 DESCRIPTION SIGNAGE AMOUNT 3,235 DESCRIPTION CITY AND STATE FEES AMOUNT 1,933 DESCRIPTION EVENT SUPPLIES AMOUNT 3,988 DESCRIPTION DEPRECIATION AMOUNT 3,201 TOTAL TO FORM 990-EZ, LINE 16 83,337
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 8,989 END OF YEAR AMOUNT 26,175

**TY 2011 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.