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# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

## 2009

Open to Public Inspection

Form **990-EZ**

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

Department of the Treasury  
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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*

**A For the 2009 calendar year, or tax year beginning and ending**

<p><b>B</b> Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>Please use IRS label or print or type See Specific Instructions</p>	<p><b>C Name of organization</b>  <b>EASTVIEW COMMUNITY FOUNDATION</b>                  Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  <b>14569 ELYSIUM PLACE</b>                  City or town, state or country, and ZIP + 4  <b>APPLE VALLEY, MN 55124-6415</b></p>	<p><b>D Employer identification number</b>  <b>41-1981823</b></p> <p><b>E Telephone number</b>  <b>952 322 4850</b></p> <p><b>F Group Exemption Number</b> ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

**I Website:** ▶ **EVCF.ORG**

**J Tax-exempt status** (check only one) —  501(c) ( **3** ) ◀ (insert no.)  4947(a)(1) or  527

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **94,694.**

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

	1 Contributions, gifts, grants, and similar amounts received				47,613.
	2 Program service revenue including government fees and contracts				
	3 Membership dues and assessments				16,890.
	4 Investment income				1,000.
	5a Gross amount from sale of assets other than inventory	STMT 2	5a	5,337.	
	b Less: cost or other basis and sales expenses		5b		
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	5,337.	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input checked="" type="checkbox"/>				
	a Gross revenue (not including \$ _____ of contributions reported on line 1)		6a	23,854.	
	b Less: direct expenses other than fundraising expenses		6b	6,968.	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	16,886.	
	7a Gross sales of inventory, less returns and allowances		7a		
	b Less: cost of goods sold		7b		
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
	8 Other revenue (describe _____)		8		
	9 <b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	87,726.	
Expenses	10 Grants and similar amounts paid (attach schedule)	MAY 24 2010 STMT 3	10	66,382.	
	11 Benefits paid to or for members		11		
	12 Salaries, other compensation, and employee benefits		12		
	13 Professional fees and other payments to independent contractors		13		
	14 Occupancy, rent, utilities, and maintenance		14		
	15 Printing, publications, postage, and shipping		15		
	16 Other expenses (describe <b>SEE STATEMENT 1</b> )		16	1,919.	
17 <b>Total expenses</b> Add lines 10 through 16		17	68,301.		
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	19,425.	
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	71,079.	
	20 Other changes in net assets or fund balances (attach explanation)		20		
	21 <b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20		21	90,504.	

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	71,079.	22	90,504.
23	Land and buildings		23	
24	Other assets (describe _____)		24	
25	<b>Total assets</b>	71,079.	25	90,504.
26	<b>Total liabilities</b> (describe _____)	0.	26	0.
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	71,079.	27	90,504.

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <u>SEE STATEMENT 5</u>		(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
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	<b>SCHOLARSHIPS PROVIDED TO SEVENTY-FOUR STUDENTS GRADUATING FROM EASTVIEW HIGH SCHOOL</b>		
	(Grants \$ <u>41,750.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	<u>41,750.</u>
29	<b>RANDOM ACTS OF KINDNESS GRANTS AND OTHER GRANTS TO INDEPENDENT SCHOOL DISTRICT 196 AND INDIVIDUAL SCHOOLS</b>		
	(Grants \$ <u>19,500.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	<u>19,500.</u>
30	<b>PURCHASE OF SMARTBOARD FOR EASTVIEW HIGH SCHOOL</b>		
	(Grants \$ <u>5,132.</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	<u>5,132.</u>
31	Other program services (attach schedule)		
	(Grants \$ _____ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	<b>Total program service expenses</b> (add lines 28a through 31a)	32	<u>66,382.</u>

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for 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
SANDRA A. SAUVE, 14569 ELYSIUM PLACE, APPLE VALLEY, MN 55124-6415	CHAIR 3.00	0.	0.	0.
PETER J. COYLE, 12886 ESSEX WAY, APPLE VALLEY, MN 55124-4501	VICE CHAIR 1.50	0.	0.	0.
RICHARD T. STARR, 4543 LAKE PARK DRIVE, EAGAN, MN 55122-2501	TREASURER 2.00	0.	0.	0.
DOTTIE A. CANNON, 304 E 25TH ST APT C34, MINNEAPOLIS, MN 55404-3603	SECRETARY 1.00	0.	0.	0.
MELODEE J. CANNON, 4385 BEAR PATH TRAIL, EAGAN, MN 55122-2218	DIRECTOR 0.50	0.	0.	0.
JODI R. HANSON, 13876 FALLBROOK WAY, APPLE VALLEY, MN 55124-3300	DIRECTOR 0.50	0.	0.	0.
ROBERT A. KINCADE, 7256 121ST STREET WEST, APPLE VALLEY, MN 55124-8300	DIRECTOR 0.50	0.	0.	0.
MICHELLE MATHIESEN, 13640 DULUTH DRIVE, APPLE VALLEY, MN 55124-8797	DIRECTOR 0.50	0.	0.	0.
KIMBERLY MICHIE, 15836 DRYMEADOW LANE, APPLE VALLEY, MN 55124-6997	DIRECTOR 0.50	0.	0.	0.
SUSAN SPANIOL, 13798 ESSEX COURT, APPLE VALLEY, MN 55124-9253	DIRECTOR 0.50	0.	0.	0.
MOLLY M. WELLIK, 5490 134TH STREET WEST, APPLE VALLEY, MN 55124-8720	DIRECTOR 0.50	0.	0.	0.

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

		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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">▶ 37a</span> <u>0.</u>		
37b	Did the organization file Form 1120-POL for this year?		X
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 outstanding at the end of the period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b</span> <u>N/A</u>		
39	Section 501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9 <span style="float:right">39a</span> <u>N/A</u>		
39b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b</span> <u>N/A</u>		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <span style="float:right">▶</span> <u>0.</u> ; section 4912 <span style="float:right">▶</span> <u>0.</u> ; section 4955 <span style="float:right">▶</span> <u>0.</u>		
40b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶</span> <u>0.</u>		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> <u>0.</u>		
40e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. <span style="float:right">▶</span> <u>MN</u>		
42a	The organization's books are in care of <span style="float:right">▶</span> <u>RICHARD T. STARR, TREASURER</u> Telephone no. <span style="float:right">▶</span> <u>651 452 6745</u> Located at <span style="float:right">▶</span> <u>4543 LAKE PARK DRIVE, EAGAN, MN</u> ZIP + 4 <span style="float:right">▶</span> <u>55122-2501</u>		
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <span style="float:right">▶</span> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
42c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: <span style="float:right">▶</span> _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶</span> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶</span> <u>43</u> <u>N/A</u>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

**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 46-49b and complete the tables for lines 50 and 51.

- |     | Yes | No |
|-----|-----|----|
| 46  |     | X  |
| 47  |     | X  |
| 48  |     | X  |
| 49a |     | X  |
| 49b |     |    |
- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 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
NONE				

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."
- 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 ▶ \_\_\_\_\_

**Sign Here**

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.

Signature of officer: *Sandra A. Sauve* Date: 5/17/10

**SANDRA A. SAUVE, CHAIR**  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: *Paul Armour* Date: 5-17-2010 Check if self-employed:  Preparer's identifying number (See instr.): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: **PAUL D ARMOUR CPA**  
**4945 142ND PATH WEST**  
**APPLE VALLEY, MN 55124-7706**

EIN: \_\_\_\_\_ Phone no.: **952 322 2490**

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



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						

**12** Gross receipts from related activities, etc. (see instructions) 12

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶

**Section C. Computation of Public Support Percentage**

**14** Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

**15** Public support percentage from 2008 Schedule A, Part II, line 14 15 %

**16a 33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶

**17a 10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**b 10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	54,873.	90,783.	114,602.	61,906.	42,613.	364,777.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	84,875.	77,564.	60,947.	4,480.	24,354.	252,220.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	139,748.	168,347.	175,549.	66,386.	66,967.	616,997.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
<b>c</b> Add lines 7a and 7b						0.
<b>8 Public support</b> (Subtract line 7c from line 6)						616,997.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	139,748.	168,347.	175,549.	66,386.	66,967.	616,997.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	578.	3,506.	7,298.	1,823.	1,000.	14,205.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	578.	3,506.	7,298.	1,823.	1,000.	14,205.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)	140,326.	171,853.	182,847.	68,209.	67,967.	631,202.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	97.75 %
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	16	97.84 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	2.25 %
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	18	2.16 %

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
OFFICE EXPENSES		144.	
INFORMATION TECHNOLOGY		302.	
LIABILITY INSURANCE		510.	
SCHOLARSHIP EXPENSES		713.	
MEMBERSHIP		250.	
TOTAL TO FORM 990-EZ, LINE 16		1,919.	

FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	2	
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
UNREALIZED GAINS	5,337.	0.	0.	5,337.
TO FORM 990-EZ, LINE 5	5,337.	0.	0.	5,337.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 3

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIPS	NONE	41,750.
OTHER GRANTS ISD #196 SCHOOLS 3455 153RD STREET WEST ROSEMOUNT, MN 55068	NONE	19,500.
EVHS SMARTBOARD INDEPENDANT SCHOOL DISTRICT 196 3455 153RD STREET WEST ROSEMOUNT, MN 55068	NONE	5,132.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>66,382.</u>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO
  
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

TO SUPPORT ACADEMICS, ARTS AND ATHLETICS IN THE EASTVIEW COMMUNITY