

Form 990-EZ Department of the Treasury Internal Revenue Service

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) Do not enter social security numbers on this form as it may be made public. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No. 1545-1150 2014 Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization CHILDREN WITH AUTISM DESERVE EDUCATION NON-PROFIT (CADE) Number and street (or P. O. box, if mail is not delivered to street address) Room/suite 6031 CULLIGAN WAY City or town, state or province, country, and ZIP or foreign postal code MINNETONKA, MN 55345

D Employer identification number 30-0588518 E Telephone number (952) 653-1700 F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify)

H Check required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.CHILDRENWITHAUTISM.ORG

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

K Form of organization: Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$89,996

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

Table with 16 rows for Revenue and Expenses. Revenue items include contributions, program service, gaming, and fundraising events. Expense items include grants, benefits, salaries, and other expenses. Total revenue is 50,013 and total expenses is 11,969.

<b>Net Assets</b>	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	57,332
	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-7,319
	<b>19</b>	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) . . . . .	<b>19</b>	80,726
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	0
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	73,407

**For Paperwork Reduction Act Notice, see the separate instructions.**

Cat. No. 10642I

Form **990-EZ** (2014)

Form 990-EZ (2014)

Page 2

**Part II Balance Sheets** (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments	80,726	<b>22</b>	73,407
<b>23</b> Land and buildings		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O)		<b>24</b>	
<b>25 Total assets</b>	80,726	<b>25</b>	73,407
<b>26 Total liabilities</b> (describe in Schedule O)	0	<b>26</b>	0
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	80,726	<b>27</b>	73,407

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

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

What is the organization's primary exempt purpose?  
 THE BASIS OF C.A.D.E IS TO HELP FUND EDUCATION FOR AUTISM FOR CHILDREN THAT DON'T HAVE THE FUNDING TO OBTAIN IT. C.A.D.E WILL ALSO SUPPORT MEDICAL INTERVENTIONS FOR CHILDREN. AND FINALLY A PORTION OF THE PROCEEDS WILL BE SET ASIDE FOR RESEARCH GRANT IN OUR HOPES THAT THE WORLD WILL CONTINUE TO EXPLORE THE CAUSES OF AND INTERVENTIONS FOR THIS EPIDEMIC.

**Expenses**  
 (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

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.

<b>28</b> DIRECT SUPPORT TO ORGANIZATIONS THAT HELP FUND EDUCATION AND AWARENESS OF TREATMENT OPTIONS FOR AUTISM. (Grants \$ 40,000) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	0
<b>29</b> 30 IPADS BOUGHT AND DISTRIBUTED TO CHILDREN (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	7,661
<b>30</b> SUPPORTING TREATMENT FOR CHILDREN THAT DON'T HAVE THE FUNDING TO OBTAIN IT. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	4,283
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	11,944

**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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
COREY DONOVAN CHAIRMAN	5.00	0	0	0
JENNIFER LARSON BOARD MEMBER	5.00	0	0	0
KRISTEN SCHLICHT VICE PRESIDENT	5.00	0	0	0
MICHAEL SPLITTGERBER PRESIDENT	5.00	0	0	0
TISHA METTE BOARD MEMBER	5.00	0	0	0
JOHN BYINGTON BOARD MEMBER	5.00	0	0	0

Form 990-EZ (2014)

Form 990-EZ (2014)

Page 3

**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 . . . . .

		Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	<b>33</b>		No
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	<b>34</b>		No
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .	<b>35a</b>		No
<b>b</b> If "Yes," to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	<b>35b</b>		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	<b>35c</b>		No
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	<b>36</b>		No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <span style="border:1px solid black; padding:0 20px;">37a</span> <span style="float:right;">0</span>	<b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>		
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .	<b>38a</b>		No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:			
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <span style="border-bottom:1px solid black; padding:0 20px;">0</span> ; section 4912 ▶ <span style="border-bottom:1px solid black; padding:0 20px;">0</span> ; section 4955 ▶ <span style="border-bottom:1px solid black; padding:0 20px;">0</span>			
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	<b>40b</b>		No
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .			
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .			
<b>e</b> 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 . . . . .	<b>40e</b>		No
<b>41</b> List the states with which a copy of this return is filed. ▶ MN			
<b>42a</b> The organization's books are in care of ▶ THE ORGANIZATION Telephone no. ▶ (952) 653-1700 Located at ▶ 6031 CULLIGAN WAYMINNETONKA, MN ZIP + 4 ▶ 55345			
<b>b</b> 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: ▶ _____	<b>42b</b>	Yes	No
See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>			
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .	<b>42c</b>		No
If "Yes," enter the name of the foreign country: ▶ _____			
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . <input type="checkbox"/>			
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .	<b>43</b>		

<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44a</b>	No
<b>b</b> Did the organization operate one or more hospital facilities during the year? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ</i>	<b>44b</b>	No
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>	No
<b>d</b> If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>45a</b>	No
<b>45b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	<b>45b</b>	

Form **990-EZ** (2014)

Form 990-EZ (2014)

Page 4

	<b>Yes</b>	<b>No</b>
<b>46</b> 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. . . . .	<b>46</b>	No

**Part VI Section 501(c)(3) organizations only**

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 . . . . .

	<b>Yes</b>	<b>No</b>
<b>47</b> 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 . . . . .	<b>47</b>	No
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>48</b>	No
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	<b>49a</b>	No
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	<b>49b</b>	

**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
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."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

**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**  Signature of officer  2015-11-12 Date

**Here** | JENNIFER LARSON BOARD MEMBER  
Type or print name and title

**Paid  
Preparer  
Use Only**

Print/Type preparer's name STEVEN J THORESEN CPA	Preparer's signature	Date 2015-11-12	Check <input type="checkbox"/> if self-employed	PTIN P00088404
Firm's name ▶ THORESEN DIABY HELLE CONDON & DODGE INC			Firm's EIN ▶ 41-1687782	
Firm's address ▶ 600 HIGHWAY 169 SOUTH SUITE 1960 MINNEAPOLIS, MN 55426			Phone no. (763) 545-2353	

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

Form **990-EZ** (2014)

---

**Additional Data**

Return to Form

**Software ID:**  
**Software Version:**

**Form 990-EZ, Special Condition Description:**

Special Condition Description