

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 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.

2016

Open to Public Inspection

Form 990-EZ
Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- 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: 6533 FLYING CLOUD DRIVE 1200
City or town, state or province, country, and ZIP or foreign postal code: EDEN PRAIRIE, MN 55344

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

G Accounting Method: [X] Cash [] Accrual Other (specify)

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

I Website: WWW.CHILDRENWITHAUTISM.ORG

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

K Form of organization: [X] 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. \$ 106,883

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 19 rows and 3 columns. Rows 1-9 are Revenue, rows 10-17 are Expenses, and rows 18-19 are Net Assets. Includes sub-rows (a, b, c) for detailed breakdowns.

	end-of-year figure reported on prior year's return)
20	Other changes in net assets or fund balances (explain in Schedule O)
21	Net assets or fund balances at end of year. Combine lines 18 through 20

19	97,623
20	0
21	149,957

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2016)

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
22 Cash, savings, and investments	97,623	149,957
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	97,623	149,957
26 Total liabilities (describe in Schedule O).	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	97,623	149,957

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.

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.

	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)
28 DIRECT SUPPORT TO ORGANIZATIONS THAT HELP FUND EDUCATION AND AWARENESS OF TREATMENT OPTIONS FOR AUTISM. (Grants \$ 1,000) If this amount includes foreign grants, check here <input type="checkbox"/>	0
29 SUPPORTING EDUCATION FOR CHILDREN THAT DON'T HAVE THE FUNDING TO OBTAIN IT. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
30 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"/>	0
SUPPORTING EXPENSES FOR CHILDREN WHOSE FAMILIES HAVE FALLEN ON HARDSHIP. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	0
32 Total program service expenses (add lines 28a through 31a)	0

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

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

33 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
34 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)
35a 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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
36 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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b 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 outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
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
41 List the states with which a copy of this return is filed.
42a The organization's books are in care of THE ORGANIZATION Telephone no. (952) 653-1700 Located at 6533 FLYING CLOUD DRIVE 1200 EDEN PRAIRIE, MN ZIP + 4 55344
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)?
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?
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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?

d 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>	44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b 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)	45b		

	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.	<input type="checkbox"/>	<input type="checkbox"/>
46		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

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

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 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

2017-11-02

Date

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 2017-11-02	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**

Software ID:
Software Version:

Form 990-EZ, Special Condition Description:

Special Condition Description