

Form 990EZ

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.

Go to www.irs.gov/Form990EZ for the latest information.

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- 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 SUITE 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: 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 \$ 89,746

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 19 rows and 3 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received (52,656); 2 Program service revenue; 3 Membership dues; 4 Investment income; 5a-5c Sale of assets; 6 Gaming and fundraising events; 7a-7c Inventory sales; 8 Other revenue; 9 Total revenue (52,656); 10-17 Expenses; 18 Excess or (deficit) for the year (4,221); 19 Net assets or fund balances at beginning of year.

	end-of-year figure reported on prior year's return)	19	149,957
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	154,178

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2017)

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	149,957	154,178
23 Land and buildings		
24 Other assets (describe in Schedule O)		
25 Total assets	149,957	154,178
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)	149,957	154,178

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 \$ 2,000) If this amount includes foreign grants, check here <input type="checkbox"/>	28a 0
29 SUPPORTING TREATMENT FOR CHILDREN THAT DON'T HAVE THE FUNDING TO OBTAIN IT, BY GIVING GRANTS TO FAMILIES FOR MEDICAL TREATMENT AND THERAPY. PAYMENTS ARE MADE DIRECTLY TO PROVIDERS ON BEHALF OF PARENTS WHO HAVE BEEN GIVEN GRANTS. (Grants \$ 41,452) If this amount includes foreign grants, check here <input type="checkbox"/>	29a 0
30 SUPPORTING EXPENSES FOR CHILDREN WHOSE FAMILIES HAVE FALLEN ON HARDSHIP. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a 0
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 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

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 40e regarding significant activities, changes to documents, unrelated business income, political expenditures, borrowing, and tax shelter transactions.

41 List the states with which a copy of this return is filed. MN
42a The organization's books are in care of THE ORGANIZATION Telephone no. (952) 653-1700
Located at 6533 FLYING CLOUD DRIVE SUITE 1200 EDEN PRAIRIE, MN ZIP + 4 55344

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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 43

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 44a, 44b, and 44c regarding donor advised funds, hospital facilities, and indoor tanning services.

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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)

44d		
45a		No
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

2018-11-01

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 2018-11-01	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