

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
CHILDREN WITH AUTISM DESERVE EDUCATION  
NON-PROFIT (CADE)

Employer identification number

30-0588518

| Return Reference   | Explanation   |
|--|---|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION: GENERAL SUPPORT. GRANTEE NAME: AUTISM RECOVERY FOUNDATION. GRANTEE ADDRESS: 401 GROVELAND AVENUE MINNEAPOLIS, MN 55403. GRANTEE RELATIONSHIP: NONE. PROPERTY DESCRIPTION: CASH. DATE OF GIFT: 09/29/17. AMOUNT GIVEN: 1,000.   |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION: GENERAL SUPPORT. GRANTEE NAME: AUTISM RECOVERY FOUNDATION. GRANTEE ADDRESS: 401 GROVELAND AVENUE MINNEAPOLIS, MN 55403. GRANTEE RELATIONSHIP: NONE. PROPERTY DESCRIPTION: CASH. DATE OF GIFT: 10/13/17. AMOUNT GIVEN: 1,000.   |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION: FAMILY ASSISTANCE FOR MEDICAL AND THERAPY PAID DIRECTLY TO PROVIDER. GRANTEE NAME: HOLLAND BIOMEDICAL CLINIC. GRANTEE ADDRESS: 10273 YELLOW TREE CIRCLE MINNETONKA, MN 55343. GRANTEE RELATIONSHIP: OWNED BY BOARD MEMBER. PROPERTY DESCRIPTION: PAYMENT TO PROVIDER. DATE OF GIFT: VARIOUS. AMOUNT GIVEN: 15,282. |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION: FAMILY ASSISTANCE FOR MEDICAL AND THERAPY PAID DIRECTLY TO PROVIDER. GRANTEE NAME: K PAUL STOLLER, MD. GRANTEE ADDRESS: 1545 BROADWAY SAN FRANCISCO, CA 94109. GRANTEE RELATIONSHIP: NONE. PROPERTY DESCRIPTION: PAYMENT TO PROVIDER. DATE OF GIFT: 01/09/17. AMOUNT GIVEN: 10,000.                                |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION: FAMILY ASSISTANCE FOR MEDICAL AND THERAPY PAID DIRECTLY TO PROVIDER. GRANTEE NAME: NEW BRIDGE CLINIC. GRANTEE RELATIONSHIP: NONE. PROPERTY DESCRIPTION: PAYMENT TO PROVIDER. DATE OF GIFT: VARIOUS. AMOUNT GIVEN: 1,190.   |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION: FAMILY ASSISTANCE FOR MEDICAL AND THERAPY PAID DIRECTLY TO PROVIDER. GRANTEE NAME: JAMES NEUBRANDER MD. GRANTEE RELATIONSHIP: NONE. PROPERTY DESCRIPTION: PAYMENT TO PROVIDER. DATE OF GIFT: VARIOUS. AMOUNT GIVEN: 1,410.   |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION: FAMILY ASSISTANCE FOR MEDICAL AND THERAPY PAID DIRECTLY TO PROVIDER. GRANTEE NAME: MINNESOTA HYPERBERIC. GRANTEE RELATIONSHIP: NONE. PROPERTY DESCRIPTION: PAYMENT TO PROVIDER. DATE OF GIFT: 04/11/17. AMOUNT GIVEN: 4,000.   |

|  |   |
|--|---|
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION: FAMILY ASSISTANCE. GRANTEE NAME: CHOHAN PROPERTIES. GRANTEE RELATIONSHIP: NONE. PROPERTY DESCRIPTION: PAYMENT TO LANDLORD TO PREVENT EVICTION. DATE OF GIFT: 06/06/17. AMOUNT GIVEN: 1,180.  |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION: FAMILY ASSISTANCE FOR MEDICAL AND THERAPY PAID DIRECTLY TO PROVIDER. GRANTEE NAME: LOVAAS INSTITUTE. GRANTEE ADDRESS: 2925 DEAN PARKWAY MINNEAPOLIS, MN, MN 55416. GRANTEE RELATIONSHIP: NONE. PROPERTY DESCRIPTION: PAYMENT TO PROVIDER. DATE OF GIFT: 05/25/17. AMOUNT GIVEN: 5,390. |
| FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID | ACTIVITY CLASSIFICATION: FAMILY ASSISTANCE FOR MEDICAL AND THERAPY PAID DIRECTLY TO PROVIDER. GRANTEE NAME: LAIDAS. PROPERTY DESCRIPTION: PAYMENT TO PROVIDER. DATE OF GIFT: 12/16/17. AMOUNT GIVEN: 3,000. TOTAL INCLUDED ON FORM 990-EZ, LINE 10: 43,452.   |
| FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES                  | DESCRIPTION: MN FILING FEES. AMOUNT: 100. DESCRIPTION: BANK FEES. AMOUNT: 300. TOTAL TO FORM 990-EZ, LINE 16: 400.  |



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