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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

PAID

ObjectId: 201843189349200739 - Submission: 2018-11-14

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 <u>www.irs.gov/Form990</u> for the latest information. Inspection **Employer identification number**

30-0588518

TIN: 30-0588518 OMB No. 1545-0047

Open to Public

Name of the organization CHILDREN WITH AUTISM DESERVE EDUCATION

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

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.
For Paperwork Reduc	ction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 51056K Schedule O (Form 990 or 990-EZ) 2017

Additional Data

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