

Mail To:

Minnesota Attorney General's Office
Charities Division
445 Minnesota Street, Suite 1200
St. Paul, MN 55101-2130

**STATE OF MINNESOTA
CHARITABLE ORGANIZATION
ANNUAL REPORT FORM**



Website Address:

www.ag.state.mn.us/charity

(Pursuant to Minn. Stat. ch. 309)

SECTION A: Organization Information

Legal Name of Organization RECYCLED LIVES

Federal EIN: 46-3500882

Fiscal Year-End: 12-31-2025

mm/dd/yyyy

Did the organization's fiscal year-end change? Yes No

Mailing Address:	Physical Address:
<u>SHAWN JOHNSON</u>	<u>SHAWN JOHNSON</u>
Contact Person	Contact Person
<u>P O BOX 408</u>	<u>811 WINSOME WAY NE</u>
Street Address	Street Address
<u>CAMBRIDGE, MN 55008</u>	<u>ISANTI, MN 55040</u>
City, State, and Zip Code	City, State, and Zip Code
<u>612-709-0914</u>	<u>612-709-0914</u>
Phone Number	Phone Number
<u>info@recycledlives.org</u>	<u>info@recycledlives.org</u>
Email Address	Email Address.

1. Organization's website: www.recycledlives.org

2. List all of the organization's alternate and former names (attach list if more space is needed).

 Alternate Former
 Alternate Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).
RECYCLED LIVES

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? Yes No

5. Total amount of contributions the organization received from Minnesota donors: \$ 162,179

6. Has the organization's tax-exempt status with the IRS changed?
 Yes No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?
 Yes No If yes, attach explanation.



**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

8. Has the organization been denied the right to solicit contributions by any court or government agency?
 Yes No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes No
 If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser	Compensation

Street Address	City, State, and Zip Code

10. Is the organization a food shelf? Yes No
 If yes, is the organization required to file an audit? Yes, audit attached No
Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes No
 If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation

*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

12. A full list of the organization's board of directors, including names, addresses, and total compensation paid to each (attach list if more space is needed).
PLEASE SEE ATTACHED



**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

13. A full list of the names of all banks or other financial institutions in which the organization's funds are deposited. DO NOT include account numbers. (Attach list if more space is needed.)

PLEASE SEE ATTACHED

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1. Contributions Received	\$ _____	1
2. Government Grants	\$ _____	2
3. Program Service Revenue	\$ _____	3
4. Other Revenue	\$ _____	4
5. TOTAL INCOME	\$0.00	5

EXPENSES

6. Program Expenses	\$ _____	6
7. Management & General Expenses	\$ _____	7
8. Fund-raising Expenses	\$ _____	8
9. TOTAL EXPENSES	\$0.00	9
10. EXCESS or DEFICIT	\$0.00	10

(Line 5 minus Line 9)

ASSETS

11. Cash	\$ _____	11
12. Land, Buildings & Equipment	\$ _____	12
13. Other Assets	\$ _____	13
14. TOTAL ASSETS	\$0.00	14

LIABILITIES

15. Accounts Payable	\$ _____	15
16. Grants Payable	\$ _____	16
17. Other Liabilities	\$ _____	17
18. TOTAL LIABILITIES	\$0.00	18

FUND BALANCE/NET WORTH

\$0.00

(Line 14 minus Line 18)



**CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)**

Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1. Grants and other assistance to governments and organizations in the U.S.				
2. Grants and other assistance to individuals in the U.S.				
3. Grants and other assistance to governments, organizations, and individuals outside the U.S.				
4. Benefits paid to or for members				
5. Compensation of current officers, directors, trustees, and key employees				
6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7. Other salaries and wages				
8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9. Other employee benefits				
10. Payroll taxes				
11. Fees for services (non-employees):				
a. Management				
b. Legal				
c. Accounting				
d. Lobbying				
e. Professional fundraising services				
f. Investment management fees				
g. Other				
12. Advertising and promotion				
13. Office expenses				
14. Information technology				
15. Royalties				
16. Occupancy				
17. Travel				
18. Payments of travel or entertainment expenses for any federal, state, or local public officials				
19. Conferences, conventions, and meetings				
20. Interest				
21. Payments to affiliates				
22. Depreciation, depletion, and amortization				
23. Insurance				
24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).				
a.				
b.				
c.				
d.				
25. Total functional expenses. Add lines 1 through 24d.	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation				



CHARITABLE ORGANIZATION ANNUAL REPORT FORM
(Continued)

Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the EXECUTIVE DIRECTOR (Title) and BOARD CHAIRPERSON (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the BOARD OF DIRECTORS (Board of Directors, Trustees, or Managing Group) adopted on the 04 day of JUNE, 2026, approving the contents of the document, and do hereby certify that the BOARD OF DIRECTORS (Board of Directors, Trustees or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

SHAWN JOHNSON

Name (Print)

Signature

EXECUTIVE DIRECTOR

Title

JUNE 4 2026

Date

DAN KUNTZ

Name (Print)

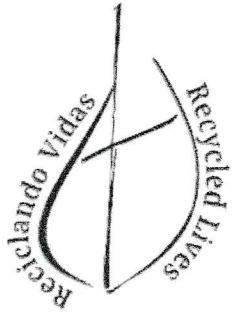
Signature

BOARD CHAIRPERSON

Title

JUNE 4 2026

Date



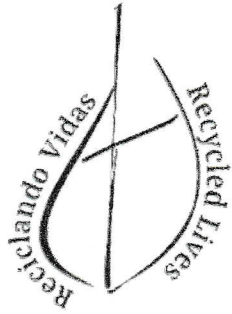
Recycled Lives
Federal EIN: 46-3500882
PO Box 408
Cambridge, MN 55008

List of Banks/Financial institutions used for funds deposits- FY 2025

First Bank & Trust
234 1st Ave E
Cambridge, MN 55008

Affinity Plus Federal Credit Union
175 Lafayette Frontage Road
St. Paul, MN 55107

PayPal/Venmo
info@recycledlives.org



Recycled Lives
Federal EIN: 46-3500882
PO Box 408
Cambridge, MN 55008

Fiscal Year 2025 Board of Directors Officers & Members

Shawn Johnson
Executive Director
811 Winsome Way NE
Isanti, MN 55040
Compensation: \$58,000 annually
Involved in daily operations: Yes.
40 hrs per week. Duties include
administration and operation of the
organization. Program development and
administration. Donor management.

Dan Kuntz
Board Chair
9233 Hamline Ave N
Circle Pines, MN 55014
Compensation: None
Inactive in daily operations.
Volunteers approx. 12 hours per month

John Weiers
Board Treasurer & Vice Chair
2789 395th St
Isle, MN 56342
Compensation: None
Inactive in daily operations.
Volunteers approx. 4 hours per month

Mara Bourke
Board Secretary
610 265th Ave NE
Isanti, MN 55040
Compensation: None
Inactive in daily operations
Volunteers approx. 2 hours per month

Michelle Jilk
Board Member
N5932 US Hwy 63
Ellsworth, WI 54011
Compensation: None
Inactive in daily operations.
Volunteers approx. 2 hours per month

Clyde Bloyer
Board Member
200 4th Ave NW
Isanti, MN 55040
Compensation: None
Inactive in daily operations.
Volunteers approx. 2 hours per month

Mark Pound
Board Member
2855 Holly St S
Cambridge, MN 55008
Compensation: None
Inactive in daily operations
Volunteers approx. 2 hours per month