



sharethespirit.info

*Our mission is to provide new shoes
and socks to underserved children.*



STS TOOLKIT

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SHARE THE SPIRIT FOUNDATION, INC.

PO Box 78 | Sherman, IL 62684 | 217-494-2990
PO Box 1510 | Lamar, CO 81052 | 719-688-8000

Share the Spirit Foundation, Inc. is a 501(c)3 organization.
Your contribution is tax deductible (Tax ID #30-0169272).

ABOUT SHARE THE SPIRIT FOUNDATION

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sharethespirit.info



Our mission is to provide new shoes and socks to underserved children.

SHARE THE SPIRIT FOUNDATION

realizes that shoes are a basic need that impacts health and wellness.

We create a one-on-one shopping experience with a caring volunteer for each child to select the perfect shoes. We are strictly a volunteer organization and 100% of all proceeds go towards our mission. Your donation brings a smile along with pride and joy to each child.

SHOES FOR KIDS | Share the Spirit Foundation has provided nearly 23,000 pair of new shoes and socks to children in the greatest need since 2003. We believe youth who are allowed to select a new pair of shoes with dignity and the help of a caring volunteer walk away with not only a smile, but a new sense of pride. We work hand-in-hand with schools and community agencies, always keeping in mind compassion for those less fortunate. We hold in-store events that allow the children to shop on their own. For some, this is their first time shopping in an actual shoe store.

SHOE CRUIZER | The "Shoe Cruiser" truck was generously donated to STS by the City of Lamar, Colorado in 2014 to supply shoes to children in rural Colorado. Regrettably, the Shoe Cruiser was disbanded due to operational issues. However, Karen and a group of dedicated volunteers have taken up the cause, loading her pickup with shoes and embarking on their mission. As they traverse the highways, the STS logo proudly represents their commitment.

SHOE CLOZET | In addition to holding in-store events, we have created a number of Shoe Clozets, containing hundreds of pairs of shoes for those in immediate need. The first Shoe Clozet was opened in 2014 at a local shelter. Since then, we have identified other areas of need with Shoe Clozets now serving students in several Springfield, Illinois and Jacksonville, Illinois school districts.



Share the Spirit Foundation, Inc. | www.sharethespirit.info

CONTACT INFORMATION

ILLINOIS – Tonya Voepel | PO Box 78, Sherman, IL 62684 | 217-494-2990 | tonya@sharethespirit.info

COLORADO – Karen Voepel | PO Box 1510, Lamar, CO 81052 | 719-688-8000 | karen@sharethespirit.info

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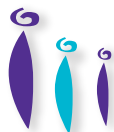
BOARD OF DIRECTORS

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STS-BOD_2025

SHARE THE SPIRIT



FOUNDATION, INC.

a not-for-profit organization



SHARE THE SPIRIT FOUNDATION, INC.

ILLINOIS

PO Box 78 | Sherman, Illinois 62684

COLORADO

PO Box 1510 | Lamar, Colorado 81052

ARIZONA

5215 N. 179th Drive | Litchfield Park, AZ 85340

Tonya Voepel, Co-Founder

tonya@sharethespirit.info

217-494-2990

Karen Voepel, Co-Founder

karen@sharethespirit.info

719-688-8000

BOARD OF DIRECTORS

Tonya Voepel – President & Co-Founder

Karen Voepel – Vice-President & Co-Founder

Heidi Darow – Co-Treasurer

Lori Harrison – Co-Treasurer

Emily Palmer – Secretary

Tom Walters – Advisory Board

Chana Reed – Advisory Board

ARTICLES OF INCORPORATION

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[STS-Art-of-Incorp](#)

NONPROFIT

FILED
DONETTA DAVIDSON
COLORADO SECRETARY OF STATE

20031127284 M
\$ 50.00
SECRETARY OF STATE
04-21-2003 14:00:33

ARTICLES OF INCORPORATION

PURSUANT to sec. 7-122-102 and part 3 of article 90 of title 7, Colorado Revised Statutes, these Articles of Incorporation are delivered to the Colorado Secretary of State for filing.

1. The entity name of the nonprofit corporation is: **SHARE THE SPIRIT FOUNDATION, INC.**

2. The address of the initial principal office of the nonprofit corporation is: 203 East Oak Street, Lamar, CO 81052.

3. The name, and the business address, of the initial registered agent for service of process on the nonprofit corporation are:

NAME	BUSINESS & MAILING ADDRESS(ES)
CHERYL FARMER	203 East Oak Street P.O. Box 1173 Lamar, CO 81052

4. The nonprofit corporation will not have voting members.

5. The provisions not inconsistent with law regarding the distribution of assets on dissolution are as follows: Upon the dissolution of the Corporation's affairs, or upon the abandonment of the Corporation's activities due to its impracticable or inexpedient nature, the assets of the Corporation then remaining in the hands of the Corporation shall be distributed, transferred, conveyed, delivered and paid over to any other charitable organization of this or any other State, having a similar or analogous character or purpose, in some way associated with or connected with the corporation to which the property previously belonged.

6. The name and address of the incorporator is:

NAME	ADDRESS
CHERYL FARMER	203 East Oak Street P.O. Box 1173 Lamar, CO 81052

7. The name and address of the individual who causes this document to be delivered for filing, and to whom the Secretary of State may deliver if filing of this document is refused, is: Cheryl Farmer, P.O. Box 1173, Lamar, CO 81052.

NON PROFIT INFORMATION

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STS 501C3

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

JAN 31 2008

SHARE THE SPIRIT FOUNDATION INC
9865 STATE RT 124
SHERMAN, IL 62684-0000

Employer Identification Number:

30-0169272

DLN:

17053005757018

Contact Person:

WILLIAM J BARD

ID# 31333

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated October 2003, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,



Robert Choi
Director, Exempt Organizations
Rulings and Agreements

TAX INFORMATION

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DR 0160 (02/08/07)
COLORADO DEPARTMENT OF REVENUE
DENVER CO 80261-0013

CERTIFICATE OF EXEMPTION FOR COLORADO STATE SALES/USE TAX ONL

THIS LICENSE IS NOT TRANSFERABLE

USE ACCOUNT NUMBER for all references	LIABILITY INFORMATION		ISSUE DATE
98-20635-0000	17 017	N 030110	MAR 18 2010

8 FOREST ST LAMAR CO 81052

SHARE THE SPIRIT FOUNDATION
PO BOX 1510
LAMAR CO 81052

Ross Huber
Executive Director
Department of Revenue

[Download Here](#)[TaxExempt-CO](#)

OFFICIAL DOCUMENT State of Illinois - Department of Revenue OFFICIAL DOCUMENT

Illinois Sales Tax Exemption Certificate

SHARE THE SPIRIT FOUNDATION INC
215 E ADAMS ST
SPRINGFIELD IL 62701-1145

Sales Tax Exemption Certificate

Issue date: 05/27/2021
Expiration date: 06/01/2026

Sales Tax Exemption E99000648
Organization type: Charitable

This entity is authorized under the Retailers' Occupation Tax Act to purchase tangible personal property for use or consumption tax-free.

ILLINOIS REVENUE
Director
Director

OFFICIAL DOCUMENT - DO NOT DESTROY

[Download Here](#)[STS_IL-TaxExempt_2021](#)

Form **W 9**
(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Share the Spirit Foundation, Inc.

2 Business name/disregarded entity name, if different from above.

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate
☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership)

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☒ Other (see instructions) **IRS Code 501(c)(3) not for profit**

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) **1**

Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any)

(Applies to accounts maintained outside the United States.)

Print or type.
Specific instructions on page 3.

[Download Here](#)[Form W-9 STS-2025](#)

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CO_IMMEDIATE NEED APPLICATION_2025



SHARE THE SPIRIT FOUNDATION

IMMEDIATE NEED/HOLIDAY GIVING PROGRAM

DATE: LAMAR, CO – Shoe Garage & J&N

NAME OF PARENT/GUARDIAN (MUST BE 18 OR OLDER):

NAME OF CHILD: AGE SIZE SHOE SCHOOL

1.

2.

3.

4.

I give permission for my child to participate in and receive one pair of shoes donated by Share the Spirit Foundation SHOES FOR KIDS program.

SIGNATURE OF PARENT/GUARDIAN

DATE:

PARENTAL AGREEMENT and CONSENT/RELEASE FOR PHOTOGRAPHS

_____ Yes, I agree any photograph of my child participating in this program may be used in newspapers, displays, bulletin boards, social media or any other publications.

SIGNATURE OF PARENT/GUARDIAN

DATE:

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Karen Voepel, Co-Founder ~ 719.688.8000 ~ Karen@sharethespirit.info

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CO_shoe list-blank_2025

[illegible]

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CO_STS APPLICATION FORM_2025



SHARE THE SPIRIT FOUNDATION, INC.

SHOES FOR KIDS' APPLICATION FORM

DATE: _____

SCHOOL/CITY: _____

Please Print Information – ONE APPLICATION PER PERSON

NAME OF CHILD: _____

NAME OF PARENT OR GUARDIAN: _____

APPROXIMATE SHOE SIZE: _____

AGE OF CHILD: _____

FEMALE: _____ MALE: _____

Yes, I am applying for a new pair of shoes from Share the Spirit Foundation.

SIGNATURE _____ DATE _____

CONSENT/RELEASE FOR PHOTOGRAPHS

_____ Yes, I agree any photograph may be used in newspapers, displays, bulletin boards, the Internet or any other publications.

SIGNATURE: _____ DATE: _____

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Karen Voepel, Co-Founder ~ 719.688.8000 ~ www.sharethespirit.info

"GOOD SHOES TAKE YOU AMAZING PLACES."

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[CO_STS SFK Permission Form Spanish_2025](#)



COMPARTE LA FUNDACIÓN SPIRIT - EVENTO SHOE CRUIZER

IN MEMORY OF MARY JO TALLMAN

DATE: NOVEMBER 8, 2024

SCHOOL:

NOMBRE DEL PADRE / TUTOR (DEBE SER 18 O MAYOR:

NOMBRE DEL NIÑO:

Edad del niño:

NÚMERO DE TELÉFONO DE LOS PADRES:

TALLA APROXIMADA DEL ZAPATO:

FEMENINA

MASCULINO

Doy permiso para que mi hijo participe y reciba un par de zapatos donados por el programa SHOES FOR KIDS de Share the Spirit Foundation.

FIRMA DEL PADRE / TUTOR

FETCHA:

ACUERDO DE LOS PADRES y CONSENTIMIENTO/DIVULGACIÓN PARA FOTOGRAFÍAS

_____ **Sí, acepto que cualquier fotografía de mi hijo participando en este programa pueda usarse en periódicos, exhibidores, tableros de anuncios, redes sociales o cualquier otra publicación.**

FIRMA DEL PADRE / TUTOR

FETCHA:

Sponsored by Share the Spirit Foundation, Inc.

Karen Voepel, Co-Founder ~ 719.688.8000 ~ Karen@cminet.net

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[IL_ShoeClozet-InventorySheet_2025](#)

	A	B	C	D	E	F	G	H
1								
2		SHOE CLOZET INVENTORY SHEET						
3								
4		School:						
5		Date:						
6								
7								
8		Toddler	Male	Female		Adult Sizes	Male	Female
9		5				7.5		
10		5.5				8		
11		6				8.5		
12		6.5				9		
13		7				9.5		
14		7.5				10		
15		8				10.5		
16		8.5				11		
17		9				11.5		
18		9.5				12		
19		10				12.5		
20		10.5				13		
21		Kid (Middle)	Male	Female		13.5		
22		11				14		
23		11.5						
24		12						
25		12.5						
26		13						
27		13.5						
28		1						
29		1.5						
30		2						
31		2.5						
32		3						
33		3.5						
34		Big Kid	Male	Female				
35		4						
36		4.5						
37		5						
38		5.5						
39		6						
40		6.5						
41		7						

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	A	B	C	D	E	F	G	H
1								
2		SHOE CLOZET REQUEST FORM						
3								
4		School:						
5		Date:						
6								
7		Toddler	Male	Female		Adult Sizes	Male	Female
8		5				7.5		
9		5.5				8		
10		6				8.5		
11		6.5				9		
12		7				9.5		
13		7.5				10		
14		8				10.5		
15		8.5				11		
16		9				11.5		
17		9.5				12		
18		10				12.5		
19		10.5				13		
20		Kid (Middle)	Male	Female		13.5		
21		11				14		
22		11.5						
23		12						
24		12.5						
25		13						
26		13.5						
27		1						
28		1.5						
29		2						
30		2.5						
31		3						
32		3.5						
33		Big Kid	Male	Female				
34		4						
35		4.5						
36		5						
37		5.5						
38		6						
39		6.5						
40		7						

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IL_ShoesForKidsProgram-Form_2025



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SHOES FOR KIDS PROGRAM

SCHOOL _____

EVENT DATE _____

Contact Person(s) _____

Address _____

Phone _____

Email _____

SHOE STORE

Contact Person(s) _____

Address _____

Phone _____

Email _____

INITIAL CHECKLIST

- ☐ Confirm date with shoe store
- ☐ Initial phone call to school
 1. Introduction and short description of STS
 2. School to select 50 students based on need
 3. School to provide transportation to and from shoe store
 4. Set up face-to-face meeting with school
 5. Set up specific time for arrival
 6. Explain Spirit Card (if applicable)
 7. Request school to provide at least 2 chaperones
- ☐ Send STS release form
 - Forms can be returned to STS the day of the event
- ☐ Start to line up volunteers for event

DAY OF EVENT CHECKLIST

- ☐ Volunteers arrive 15 min before start for brief orientation
- ☐ Assign specific duties for volunteers (sock area, etc.)
- ☐ Set up sock distribution area

ITEMS TO BRING CHECKLIST

- ☐ STS credit card / tax exempt form
- ☐ STS wristbands for volunteers / wear STS shirts if possible
- ☐ Volunteer sign-up sheet for thank you notes
- ☐ Waters / Coffee / Hand sanitizer
- ☐ Name tags for volunteers
- ☐ Designate photographer (request specific photos)
- ☐ Stickers to designate students with "no photos" allowed

Notes:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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IL_VolunteerSheet



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VOLUNTEER SIGN IN SHEET

EVENT: _____ DATE: _____

Name _____

Address _____

Email _____

Name _____

Address _____

Email _____

Name _____

Address _____

Email _____

Name _____

Address _____

Email _____

Name _____

Address _____

Email _____

Name _____

Address _____

Email _____

Name _____

Address _____

Email _____

SHOE BOX INSERT CARD

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[ShoeBoxInserts_CO](#)



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[ShoeBoxInserts_AZ](#)

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STS-logo-email-sig-final.jpg
STS-logo-email-sig-med.jpg
STS-logo-email-sig-small.jpg



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STS-logo.png
STS-logo.svg



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STS-website-logo.png

