Form 990

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

O M D  No. 1545-0097

2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 12/01/21, and ending 11/30/22

B Employer identification number

C Name of organization

LOCKS OF LOVE, INC.

D Doing business as

234 SOUTHERN BLVD

E Telephone number

65-0755522

WEST PALM BEACH FL 33405

F Name and address of principal officer:

MADONNA COFFMAN

G Gross receipts

234 SOUTHERN BLVD WEST PALM BEACH FL 33405

H Is this a group return for subordinates? □ Yes □ No

I Tax-exempt status:

□ 501(c)(3) □ 501(c) ( ) □ (insert no.) 4947(a)(1) or 527

J Website: WWW.LOCKSOFLIFE.ORG

K Form of organization: □ Corporation □ Trust □ Association □ Other □

L Year of formation: 1997

M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:

TO PROVIDE CUSTOM MADE HAIR PROSTHETICS TO DISADVANTAGED CHILDREN TO AGE OF TWENTY-ONE, WHO SUFFERED HAIR LOSS AS A RESULT OF VARIOUS MEDICAL CONDITIONS

2 Check this box □ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Form 990-T, Part I, line 11

7b Net unrelated business taxable income from Form 990-T, Part I, line 11

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16 Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

Part II Signature Block

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

MADONNA COFFMAN

SIGNATURE OF PREPARER

Date

Type or print name and title

PRESIDENT

Signature of officer

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN

Paid Preparer

Angel Gutierrez

Gutierrez Madariaga CPA PA

Use Only

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