

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p align="center">LOCKS OF LOVE, INC.</p> Doing business as 234 SOUTHERN BLVD City or town, state or province, country, and ZIP or foreign postal code WEST PALM BEACH FL 33405	D Employer identification number <p align="center">65-0755522</p> E Telephone number <p align="center">561-833-7332</p> G Gross receipts\$ 607,539
F Name and address of principal officer: MADONNA COFFMAN 234 SOUTHERN BLVD WEST PALM BEACH FL 33405		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ WWW.LOCKSOFLOVE.ORG		L Year of formation: 1997
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: FL

Part I Summary

Activities & Governance	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 <input type="checkbox"/> 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)	3	6	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6	
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	5	
	6 Total number of volunteers (estimate if necessary)	6	153	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	712,553	442,433	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	107,743	101,684	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	80,397	56,186	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,580	7,236	
		946,273	607,539	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	223,189	241,532	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,821			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	424,786	352,054	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	647,975	593,586	
	19 Revenue less expenses. Subtract line 18 from line 12	298,298	13,953	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	7,153,014	7,166,966	
	22 Net assets or fund balances. Subtract line 21 from line 20	4,322	4,321	
		7,148,692	7,162,645	

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	Signature of officer MADONNA COFFMAN Type or print name and title	Date	
	PRESIDENT		
Paid Preparer Use Only	Print/Type preparer's name Angel Gutierrez	Preparer's signature Angel Gutierrez	Date 07/14/23
	Firm's name ▶ Gutierrez Madariaga CPA PA 8025 NW 162nd St Firm's address ▶ Miami Lakes, FL 33016	Check <input type="checkbox"/> if self-employed P01396578	PTIN 94-3458074
		Phone no. 305-778-1899	

May the IRS discuss this return with the preparer shown above? See instructions Yes No