Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2020

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning , 2020, and ending , 20

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: FOLLIES, BOYNTON BEACH

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 1301 SOUTH OCEAN STREET

Room/suite: 1

City or town, state or province, country, and ZIP or foreign postal code: BOYNTON BEACH, FL 33435

D Employer identification number: 27-0850355

E Telephone number: (561) 364-2111

G Gross receipts $ 1,276,115.

F Name and address of principal officer: BRIAN BOWMAN, 1301 SOUTH OCEAN STREET, BOYNTON BEACH, FL 33435

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.FOLLIESBB.COM

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1970

M State of legal domicile: FL

Part I Summary

Activities & Governance

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

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

		Beginning of Current Year	End of Year
3	Number of voting members of the governing body (Part VI, line 1a)	3	3
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	3
5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
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

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,035,315.	1,276,115.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,435.	15,435.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,141.	12,141.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,066,891.	1,303,691.

Expenses

		Prior Year	Current Year
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)	515,515.	516,515.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 115,117.		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	115,115.	115,115.
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	630,515.	630,515.
19	Revenue less expenses. Subtract line 18 from line 12	436,415.	673,215.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	5,115,115.	5,715,715.
21	Total liabilities (Part X, line 26)	115,415.	115,515.
22	Net assets or fund balances. Subtract line 21 from line 20	5,015,115.	5,615,215.

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 — Date 05/15/2021

▶ JON BOWMAN, PRESIDENT — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: MEAL KORSTEN	Preparer's signature	Date: 05/15/2021	Check ☐ if self-employed; PTIN: P01311[illegible]
Firm's name ▶ FELLER & KORSTEN CPAs, LLP			Firm's EIN ▶ 65-1831[illegible]
Firm's address ▶ 801 PONCIANA CT., CHAMPION, FL 33421			Phone no. (561) 731-[illegible]

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2020)