

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)

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](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22**

<b>B</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	<b>C</b> Name of organization <b>BIG BROTHERS BIG SISTERS OF FLINT AND GENESEE COUNTY</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) <b>1176 ROBERT T. LONGWAY BLVD</b> Room/suite City or town, state or province, country, and ZIP or foreign postal code <b>FLINT MI 48503</b>	<b>D</b> Employer identification number <b>38-2259541</b> <b>E</b> Telephone number <b>810-235-0617</b> <b>G</b> Gross receipts\$ <b>1,102,893</b>
<b>F</b> Name and address of principal officer: <b>LISA HUMPHREY</b> <b>1176 ROBERT T. LONGWAY BLVD</b> <b>FLINT MI 48503</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<b>I</b> 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		<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>WWW.BBBSFLINT.ORG</b>		<b>L</b> Year of formation: <b>1944</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>M</b> State of legal domicile: <b>MI</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>ESTABLISH RELATIONSHIPS BETWEEN ADULTS AND CHILDREN DESIGNED TO PROMOTE THE HEALTH AND FUNCTIONAL GROWTH OF CHILDREN IN ORDER FOR THEM TO BECOME RESPONSIBLE COMMUNITY MEMBERS.</b>																									
	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)	<b>3 16</b>																								
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4 16</b>																								
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5 17</b>																								
	6 Total number of volunteers (estimate if necessary)	<b>6 400</b>																								
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a 0</b>																								
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b 0</b>																								
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">701,145</td> <td style="text-align: right;">475,418</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td></td> <td style="text-align: right;">0</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">17,189</td> <td style="text-align: right;">113,060</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">9,528</td> <td style="text-align: right;">182,620</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">727,862</td> <td style="text-align: right;">771,098</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	701,145	475,418	9 Program service revenue (Part VIII, line 2g)		0	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,189	113,060	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,528	182,620	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	727,862	771,098							
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**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.

<b>Sign Here</b>	Signature of officer: <b>LISA HUMPHREY</b> Type or print name and title	Date: <b>3/2/2023</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: <b>SHAWNA FARRELL</b> Preparer's signature: <b>SHAWNA FARRELL</b> Date: <b>02/20/23</b> Check <input type="checkbox"/> if self-employed PTIN: <b>P00181565</b> Firm's name: <b>TAYLOR &amp; MORGAN, CPA, PC</b> Firm's EIN: <b>38-2401965</b> Firm's address: <b>2302 STONEBRIDGE DR BLDG D FLINT, MI 48532-5406</b> Phone no.: <b>810-230-8200</b>	

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

For Paperwork Reduction Act Notice, see the separate instructions.