Form **990**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning , and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: HUMANE SOCIETY OF SEDONA, INC.
Doing business as:
Number and street (or P.O. box if mail is not delivered to street address): 2115 SHELBY DRIVE
Room/suite:
City or town: SEDONA
State: AZ
ZIP code: 86336
Foreign country name / Foreign province/state/county / Foreign postal code:

D Employer identification number: 23-7276252

E Telephone number: (928) 282-4679

G Gross receipts $: 2,281,368

F Name and address of principal officer: JENNIFER BREHLER 2115 SHELBY DRIVE, SEDONA, AZ 86336

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

H(c) Group exemption number:

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

J Website: www.humanesocietyofsedona.org

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

L Year of formation: 1966

M State of legal domicile: AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
The Organization's primary activity is to provide the Sedona, Arizona area a comprehensive animal care facility for lost and abandoned dogs, cats and other small animals.

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)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	52
6	Total number of volunteers (estimate if necessary)	6	
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	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	890,861	972,031
9	Program service revenue (Part VIII, line 2g)	98,734	104,436
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	81,412	97,212
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	931,795	1,107,689
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,002,802	2,281,368
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,262,191	1,234,488
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) 214,001		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,003,163	943,148
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,265,354	2,177,636
19	Revenue less expenses. Subtract line 18 from line 12	-262,552	103,732

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	6,697,970	7,048,870
21	Total liabilities (Part X, line 26)	268,457	517,192
22	Net assets or fund balances. Subtract line 21 from line 20	6,429,513	6,531,678

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: JENNIFER BREHLER
Date: EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Preparer's name: JAMES R SPEAR CPA
Preparer's signature:
Date: 6/25/2026
Check ☒ if self-employed
PTIN: P01036163
Firm's name: JAMES R. SPEAR CPA
Firm's EIN: 86-0916124
Firm's address: 16 BALDWIN LANE STE. A, BLUFFTON, SC 29909
Phone no.: (928) 300-1435

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