Form CT-12 For Oregon Charities For Accounting Periods Beginning in: 2025	Charitable Activities Section Oregon Department of Justice 100 SW Market Street Portland, OR 97201-5702 Email: charitable@doj.oregon.gov Website: https://www.doj.state.or.us VOICE (971) 673-1880 TTY (800) 735-2900 FAX (971) 673-1882 **Line-by-line instructions for completing the annual report form can be found on our website.**	**You can now file reports and pay by credit card using our online form at https://justice.oregon.gov/paymentportal/Account/Login**

Section I. General Information

1. 49280
BANDERAS BAY CHARITIES, INC

135 N LOTUS BEACH DR

PORTLAND, OR 97217
503-516-4757

AMYWELCHPDX@COMCAST.NET

Cross Through Incorrect Items and Correct Here:
(See instructions for change of name or accounting period.)

Registration #: 49280
Organization Name:
Address:
City, State, Zip:

Phone: 503-516-4757 Fax:
Email: AMYWELCHPDX@COMCAST.NET
Period Beginning: 01/01/25 Period Ending: 12/31/25

Amended Report? ☐

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements. If an audit is pending, check YES and include an estimated date by which the audit will be provided to our office: _____ ☐ Yes ☒ No

3. Is the organization a party to a contract with a fundraising firm that relates to solicitations in Oregon? If yes, check the type of solicitations;
☐ in-person; ☐ direct mail; ☐ advertising; ☐ vending machine; ☐ telephone; or ☐ other solicitations.
If yes, also write the name of the fundraising firm(s) here: _____ (If you checked "other solicitations", attach an explanation.) ☐ Yes ☒ No

4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions. ☐ Yes ☒ No

5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination or revocation letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter. ☐ Yes ☒ No

6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.) ☐ Yes ☒ No

7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
AMY WELCH	PRESIDENT	503-516-4757	135 N LOTUS BEACH DR,PORTLAND,OR 97217

8. List of Officers, Directors, Trustees and Key Employees - List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing this section. **(Oregon law requires a minimum of three directors for nonprofit public benefit corporations.)**

(A) Name, mailing address, daytime phone number and email address		(B) Title & average weekly hours devoted to position	(C) Compensation (enter $0 if position unpaid)
Name: Address: Phone:	SEE STATEMENT 1		
Name: Address: Phone:			
Name: Address: Phone:			

Form Continued on Page 2

Section II. Fee Calculation. Do not leave these lines blank. If the amount is $0, please note that. Attach an explanation if lines 9 or 11 are $0.

9.	Total Revenue (From Part I, Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF. For 990-N filers or others, see the CT-12 instructions for how to calculate total revenue. **Attach explanation if Total Revenue is $0.)**	9.	721,779.	
10.	Revenue Fee (See chart below. Minimum fee is $20, even if total revenue is $0 or a negative amount.) The revenue fee is determined by the amount on line 9.			10. 300.
11.	Net Assets or Fund Balances at End of the Reporting Period (From Part I, Line 22 (end of year) on Form 990; Line 21 on Form 990-EZ; or Part III, Line 6 on Form 990-PF. For 990-N filers or others, see the CT-12 instructions to calculate. **Attach explanation if amount is $0 or a negative number)**	11.	255,075.	
12.	Net Fixed Assets Used to Conduct Charitable Activities (Generally, from Part X, Line 10c on Form 990 (end of year); Line 23B and possibly 24B on Form 990-EZ; or Part II, Line 14b on Form 990-PF. For 990-N filers or others, see the CT-12 instructions to calculate. See the CT-12 instructions if organization owns income-producing assets.	12.	0.	
13.	Amount Subject to Net Assets or Fund Balances Fee (Line 11 minus Line 12. If Line 11 minus Line 12 is less than $50,000, write $0.)	13.	255,075.	
14.	Net Assets or Fund Balances Fee (Line 13 multiplied by .0001. If the fee is less than $5, enter $0. **Not to exceed $2,000.** Round cents to the nearest whole dollar.)			14. 26.
15.	Are you filing this report late? ☐ Yes ☒ No (If yes, the late fee is a minimum of $20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)			15. 0.
16.	Total Amount Due (Add Lines 10, 14, and 15. Make check payable to the **Oregon Department of Justice**.)			16. 326.

Amount on Line 9			Revenue Fee
$0	-	$24,999	$20
$25,000	-	$49,999	$50
$50,000	-	$99,999	$90
$100,000	-	$249,999	$150
$250,000	-	$499,999	$200
$500,000	-	$999,999	$300
$1,000,000	or	more	$400

17. Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS, except that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of $50,000 or more, or Net Assets or Fund Balances of $100,000 or more, see the instructions. Such organizations may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy if available.

Please Sign Here

Under penalties of perjury, I declare that I am an officer/director of the organization. I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

▶ ☒ Amy M Welch — Signature of officer

9.22.2026 — Date

PRESIDENT — Title

AMY M WELCH — Officer's name (printed)

135 N LOTUS BEACH DR, PORTLAND, OR — Address

503-516-4757 — Phone

Paid Preparer's Use Only

▶ DEBRA D. SMITH, CPA Debi Smith — Preparer's signature

08/26/26 — Date

(760) 431-8440 — Phone

DEBRA D. SMITH, CPA — Preparer's name (printed)

1903 WRIGHT PLACE, #180, CARLSBAD, — Address

Line-by-line instructions for completing the annual report form can be found at https://www.doj.state.or.us/charitableactivities/annual-reporting-for-charities/file-your-annual-report. If you click the appropriate link for this year's form, the instructions are included in that document. If you would like us to send a copy of the instructions, please call us at 971-673-1880 or send an email to charitable@doj.oregon.gov.

OREGON OFFICERS INFORMATION STATEMENT 1

NAME CECILIA PAREDES TITLE PRESIDENT
ADDRESS C/O 135 N LOTUS BEACH DR,PORTLAND,OR 97217
EMAIL PHONE
AVERAGE WEEKLY HOURS 1.
COMPENSATION 0.

NAME AMY M WELCH TITLE SECRETARY & TREASURER
ADDRESS C/O 135 N LOTUS BEACH DR,PORTLAND,OR 97217
EMAIL PHONE
AVERAGE WEEKLY HOURS 5.
COMPENSATION 0.

NAME ABRAHAM GALEANA TITLE DIRECTOR
ADDRESS C/O 135 N LOTUS BEACH DR,PORTLAND,OR 97217
EMAIL PHONE
AVERAGE WEEKLY HOURS 5.
COMPENSATION 0.

NAME KAREN SWANSON TITLE DIRECTOR
ADDRESS C/O 135 N LOTUS BEACH DR,PORTLAND,OR 97217
EMAIL PHONE
AVERAGE WEEKLY HOURS 1.
COMPENSATION 0.

NAME ANNE-MARIE HAYNES TITLE DIRECTOR
ADDRESS C/O 135 N LOTUS BEACH DR,PORTLAND,OR 97217
EMAIL PHONE
AVERAGE WEEKLY HOURS 1.
COMPENSATION 0.