



CHARITY COMMISSION
FOR ENGLAND AND WALES

Charity Name
SHADDAIVILLE MINISTRIES

No (if any)
1164288

Receipts and payments accounts

CC16a

For the period from	Period start date 01/07/2023	To	Period end date 30/06/2024
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Section A Receipts and payments

	Unrestricted funds to the nearest £	Restricted funds to the nearest £	Endowment funds to the nearest £	Total funds to the nearest £	Last year to the nearest £
A1 Receipts					
Donations	1,800	-	-	1,800	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Sub total (Gross income for AR)	1,800	-	-	1,800	-
A2 Asset and investment sales, (see table).					
	-	-	-	-	-
Sub total	-	-	-	-	-
Total receipts	1,800	-	-	1,800	-
A3 Payments					
Venue Hire	750	-	-	750	-
Refreshment	900	-	-	900	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Sub total	1,650	-	-	1,650	-
A4 Asset and investment purchases. (see table)					
	-	-	-	-	-
Sub total	-	-	-	-	-
Total payments	1,650	-	-	1,650	-
Net of receipts/(payments)	150	-	-	150	-
A5 Transfers between funds	-	-	-	-	-
A6 Cash funds last year end	310	-	-	310	-
Cash funds this year end	460	-	-	460	-

Section B Statement of assets and liabilities at the end of the period

Categories	Details	Unrestricted funds to nearest £	Restricted funds to nearest £	Endowment funds to nearest £
B1 Cash funds	Bank	460	-	-
		-	-	-
		-	-	-
		-	-	-
	Total cash funds	460	-	-
	(agree balances with receipts and payments account(s))	OK	OK	OK

	Details	Unrestricted funds to nearest £	Restricted funds to nearest £	Endowment funds to nearest £
B2 Other monetary assets		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-

	Details	Fund to which asset belongs	Cost (optional)	Current value (optional)
B3 Investment assets			-	-
			-	-
			-	-
			-	-
			-	-

	Details	Fund to which asset belongs	Cost (optional)	Current value (optional)
B4 Assets retained for the charity's own use			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-

	Details	Fund to which liability relates	Amount due (optional)	When due (optional)
B5 Liabilities			-	
			-	
			-	
			-	
			-	

Signed by one or two trustees on behalf of all the trustees	Signature	Print Name	Date of approval
	1 <i>Kunle Hamilton</i>	Dr Kunle Hamilton	01/07/2024