



CHARITY COMMISSION
FOR ENGLAND AND WALES

Charity Name SHADDAIVILLE MINISTRIES	No (if any) 1164288
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Receipts and payments accounts

CC16a

For the period from	Period start date 01/07/2024	To	Period end date 30/06/2025
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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	3,551	-	-	3,551	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Sub total (Gross income for AR)	3,551	-	-	3,551	-
A2 Asset and investment sales, (see table).					
	-	-	-	-	-
	-	-	-	-	-
Sub total	-	-	-	-	-
Total receipts	3,551	-	-	3,551	-
A3 Payments					
Venue Hire	1,142	-	-	1,142	-
Refreshment	846	-	-	846	-
Brochure	400	-	-	400	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Sub total	2,388	-	-	2,388	-
A4 Asset and investment purchases. (see table)					
	-	-	-	-	-
	-	-	-	-	-
Sub total	-	-	-	-	-
Total payments	2,388	-	-	2,388	-
Net of receipts/(payments)	1,163	-	-	1,163	-
A5 Transfers between funds	-	-	-	-	-
A6 Cash funds last year end	460	-	-	460	-
Cash funds this year end	1,623	-	-	1,623	-

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	1,623	-	-
		-	-	-
		-	-	-
	Total cash funds	1,623	-	-
	(agree balances with receipts and payments account(s))	OK	OK	OK
B2 Other monetary assets	Details	Unrestricted funds to nearest £	Restricted funds to nearest £	Endowment funds to nearest £
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
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 asset belongs	Cost (optional)	Current value (optional)
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
B5 Liabilities	Details	Fund to which liability relates	Amount due (optional)	When due (optional)
			-	
			-	
			-	
			-	
			-	
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	16/06/2026	