CHARITY COMMISSION
FOR ENGLAND AND WALES

Receipts and payments accounts

CC16a

For the period from	1/4/25	To	31/3/26

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	4,731	-	-	4,731	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Sub total *(Gross income for AR)*	4,731	-	-	4,731	-
A2 Asset and investment sales, (see table).					
	-	-	-	-	
	-	-	-	-	-
Sub total	-	-	-	-	-
Total receipts	4,731	-	-	4,731	-
A3 Payments					
Equipment & Consumables	761	442	-	1,203	-
Venue Hire	1,248	-	-	1,248	-
IT & Software	418	100	-	518	-
Insurance	462	-	-	462	-

Training	75	-	-	75	-
Other	684	400	-	1,084	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Sub total	**3,648**	**942**	**-**	**4,590**	**-**
A4 Asset and investment purchases, (see table)					
	-	-	-	-	
	-	-	-	-	
Sub total	**-**	**-**	**-**	**-**	
Total payments	**3,648**	**942**	**-**	**4,590**	**-**
Net of receipts/(payments)	**1,083**	**- 942**	**-**	**141**	**-**
A5 Transfers between funds	-	-	-	-	-
A6 Cash funds last year end	3,256	4,800	-	8,056	-
Cash funds this year end	**4,339**	**3,858**	**-**	**8,197**	**-**

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	Cash in bank	4,339	3,858	-
		-	-	-
		-	-	-
	Total cash funds	**4,339**	**3,858**	**-**
	(agree balances with receipts and payments account(s))			
		Unrestricted funds	**Restricted funds**	**Endowment funds**

B2 Other monetary assets

Details	to nearest £	to nearest £	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
A M P Cochrane	ALISON PHYLLIS COCHRANE	28/9/26.