TO	CHARITY COMMISSION FOR ENGLAND AND WALES

	Charity Name	No (if any)
	MAFFKAM MEDICARE	1180567
V	Receipts and payments accounts	

То

Period start date

06/11/2018

For the period from

CC16a

Period end date

31/12/20190

	Unrestricted funds	Restricted funds	Endowment funds	Total funds	Last year
	to the nearest £	to the nearest £	to the nearest £	to the nearest £	to the nearest
Receipts					
nations	3250	-	-	3250	-
	-	-	-	-	
	-	-	-	-	
	-	-	-	-	
	-	-	-	-	
	-	-	-	-	
total(Gross income for AR)	3250	-	-	3250	-
Asset and investment sales, (see table).		-	- - -	- -	-
. 1131141					
al receipts	3250	-		3250	-
al receipts	3250	-		3250	-
	3250 2500	-			-
al receipts Payments			- -	2500 250	-
al receipts Payments rments	2500			2500	-
al receipts Payments ments	2500 250	-	-	2500 250	-
al receipts Payments ments	2500 250	-	-	2500 250	-
al receipts Payments ments	2500 250 400	-	-	2500 250 400	-
al receipts Payments ments	2500 250 400	-	-	2500 250 400	-
al receipts Payments ments	2500 250 400	-	-	2500 250 400	-

Asset and investment purchases, (s	see			
	-		-	
1-401	-	-	-	
total				
al payments	3150 -	-	3150	-
of receipts/(payments)	100 -	_	100	
ransfers between funds		-	-	-
Cash funds last year end		-	-	-
h funds this year end	100 -	-	109	-
tion B Statement of assets and liab	pilities at the end of the period			
	Parketta	Unrestricted funds	Restricted funds	Endowment funds
egories	Details	to nearest £	to nearest £	to nearest £
Cash funds		-	-	
		-	-	
I		-	-	
	Total cash funds	-	-	-
	(agree balances with receipts and payments account(s))	OK Unrestricted funds	OK Restricted funds	OK Endowment funds
I	Details	to nearest £	to nearest £	to nearest £
Other monetary assets	Dotailo	-	-	
I		-	-	
I		-	-	
I		-	-	
I			-	
I				
I				
I		Fund to which	Cost (optional)	Current value
nvestment assets	Details	asset belongs	-	(optional)
I		'		

					-		
		-			-	-	
		-			-	-	
		=			-	-	
		L				Ĺ	
	Details	Г	Fund to which asset belongs	ĺ	Cost (optional)	г	Current value (optional)
Assets retained for the charity's own use		_			-		
					-		
					-		
					-	-	
		-			-	-	
		-			-	-	
		=			-	F	
		=			-	-	
		-			-	-	
		<u>_</u>				Ĺ	
	Details	_	Fund to which liability relates		Amount due (optional)	_	When due (optional)
Liabilities					-		
					-		
					-	-	
		-			-	-	-
		=			-	-	
		L				L	
ned by one or two trustees on behalf of all trustees	Signature		Print Name				Date of approv
	melcamara		MARY KULA KAMAR	A			20/07/2020