GOVERNMENT CORPORATION INFORMATION SHEET (GCIS) FOR THE YEAR 2018

GENERAL INSTRUCTIONS:

- FOR GOVERNMENT CORPORATION: THIS GCIS SHOULD BE SUBMITTED WITHIN THIRTY (30) CALENDAR DAYS FROM THE DATE OF RELEASE OF MEMORANDUM CIRCULAR NO. 3 AND SUBSEQUENTLY THEREAFTER, 30 DAYS FROM THE DATE OF THE STOCKHOLDERS' MEETING. DO NOT LEAVE ANY ITEM BLANK. WRITE "N.A." IF THE INFORMATION REQUIRED IS NOT APPLICABLE TO THE GOVERNMENT CORPORATION OR "NONE" IF THE INFORMATION IS NON-EXISTENT.
- IF NO MEETING IS HELD, THE CORPORATION SHALL SUBMIT THE GCIS TOGETHER WITH AN AFFIDAVIT OF NON-HOLDING OF MEETING WITHIN THIRTY
 (30) CALENDAR DAYS FROM THE DATE OF THE SCHEDULED ANNUAL MEETING (AS PROVIDED IN THE BY-LAWS). HOWEVER, SHOULD AN ANNUAL
 STOCKHOLDERS' MEETING BE HELD THEREAFTER, A NEW GCIS SHALL BE SUBMITTED/FILED.
- THIS GCIS SHALL BE ACCOMPLISHED IN ENGLISH AND CERTIFIED AND SWORN TO BY THE CORPORATE SECRETARY OF THE GOVERNMENT CORPORATION.
- 4. THE GCG SHOULD BE TIMELY APPRISED OF RELEVANT CHANGES IN THE SUBMITTED INFORMATION AS THEY ARISE. FOR CHANGES RESULTING FROM ACTIONS THAT AROSE BETWEEN THE ANNUAL MEETINGS, THE GOVERNMENT CORPORATION SHALL SUBMIT ONLY THE AFFECTED PAGE OF THE GCIS THAT RELATES TO THE NEW INFORMATION TOGETHER WITH A COVER LETTER SIGNED BY THE CORPORATE SECRETARY OF THE GOVERNMENT CORPORATION. THE PAGE OF THE GCIS AND COVER LETTER SHALL BE SUBMITTED WITHIN SEVEN (7) DAYS AFTER SUCH CHANGE OCCURRED OR BECAME EFFECTIVE.
- 5. SUBMIT A SOFT COPY IN EXCEL FORMAT SAVED IN A NON-REWRITABLE CD THE GCIS TO THE GCG SECRETARIAT, ROOM 479 MABINI HALL, MALACANANG COMPOUND.
- 6. ONLY THE GCIS ACCOMPLISHED IN ACCORDANCE WITH THESE INSTRUCTIONS SHALL BE CONSIDERED AS HAVING BEEN FILED.
- THIS GCIS MAY BE USED AS EVIDENCE AGAINST THE GOVERNMENT CORPORATION AND ITS RESPONSIBLE DIRECTORS/OFFICERS FOR ANY
 VIOLATION OF EXISTING LAWS, RULES AND REGULATIONS

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======================================	BLY ========	
GOVERNMENT CORPORATION NAME: OCCUPATIONAL SAFETY AND HEALTH C	ENTER	DATE CREATED:
SECONDARY NAME, IF ANY. OSHC		04-Nov-87
W W		FISCAL YEAR END:
CHARTER, IF ANY. PD 626, as amended / EO 307		
DATE OF ANNUAL MEETING PER BY-LAWS: N/A (monthly meeting)		
		CORPORATE TAX IDENTIFICATION NUMBER (TIN) 004-503-595-000
ACTUAL DATE OF ANNUAL MEETING.		URL ADDRESS:
ACTUAL DATE OF ANNUAL MEETING:		ONE ABBRESS.
N/A		www.oshc.gov.ph
COMPLETE PRINCIPAL OFFICE ADDRESS:		E-MAIL ADDRESS
NORTH AVE. COR. SCIENCE ROAD, DILIMAN, QUEZON CITY		
COMPLETE BUSINESS ADDRESS:		oshc.doie.gov.ph FAX NUMBER:
NORTH AVE. COR. SCIENCE ROAD, DILIMAN, QU	JEZON CITY	PAA NOWIBER.
NAME OF EXTERNAL AUDITOR & ITS SIGNING PARTNER: N/A	ATTACHED AGENCY (if applicable): N/A	TELEPHONE NUMBER(S):
		9286690
PRIMARY PURPOSE/ACTIVITY/INDUSTRY PRESENTLY ENGAGED IN:		GEOGRAPHICAL CODE:
The Center shall serve as the authority on Occupational Safety and Health in the areas of research, training and information dissemination and technical services		1104
======================================	ATIONS ======	
PARENT COMPANY	ADDR	ESS
DEPARTMENT OF LABOR AND EMPLOYMENT	Muralla St., Intramuros, Manila	
SUBSIDIARY/AFFILIATE	ADDR	ESS
N/A	N.A	٨.
NOTE: USE ADDITIONAL SHEE	T IF NECESSARY	

			===== PLEAS	E PRINT LEGIBL	Υ ======		
GOVERNMEN	CORPORAT	ION NAME:	OCCUPATIONAL	SAFETY AND H	EALTH CENTER		
			CAPITA	AL STRUCTURE			
AUTHORIZED C	APITAL STOC	K, if applicable					
N/A		TYPE OF SHARES *	NUMBER OF SHARES	PAR/STAT	ED VALUE	AMOUNT (PhP) (No. of shares X Par/State	
		N/A					
		TOTAL			TOTAL P		
SUBSCRIBED C	APITAL, if app	licable					
FILIPINO	NO. OF STOCK- HOLDERS	TYPE OF SHARES *	NUMBER OF SHARES	NUMBER OF SHARES IN THE HANDS OF THE PUBLIC **	PAR/STATED VALUE	AMOUNT (PhP)	% OF OWNERSHIP
N/A		N/A					
		TOTAL		TOTAL	TOTAL P		L
PAID-UP CAPI	TAL, if applic	cable					
FILIPINO	NO. OF STOCK-	TYPE OF SHARES *	NUMBER OF SHARES	PAR/STAT	ED VALUE	AMOUNT (PhP)	% OF OWNERSHIP
		N/A			_		
N/A							
		TOTAL			TOTAL P		

NOTE: USE	ADDITIONAL	SHEET IF NECESSARY	

GOVERNMENT CORPORATION NAME:

Occupational Safety and Health Center

DIRECTORS / OFFICERS

NAME, NATIONALITY AND CURRENT RESIDENTIAL ADDRESS	PRESIDENTIAL APPOINTEE	BOARD	STOCK HOLDER	EX-Officio	EXEC. COMM.	TAX IDENTIFICATION NO. (TIN)	COMPENSATION PACKAGE/YR	DESIGNATION TO OTHER BOARDS OF AFFILIATES/SUBSIDIARIES
SILVESTRE H. BELLO III FILIPINO	Y	С	N	V	С	134-345-093	N/A	
2. CIRIACO A. LAGUNZAD III FILIPINO	N	С	N	1	С	117-006-300	N/A Chairman-Alternate	
 ATTY. DIONISIO C. EBDANE JR. FILIPINO, 1501 LEGASPI TOWERS ROXAS, BLVD, MALATE, MLA. 	N	М	N	√	N/A	107-159-521	N/A Member-Designate	
4. ATTY. NORA M. MALUBAY FILIPINO, 23 CHICAGO ST., GREENVILLE, MERVILLE, PARANAQUE CITY	N	М	N	1	N/A	119-342-370	N/A Member-Designate	Started on September 13, 2018
5. JOSEFINA O. FORNILOS FILIPINO	N	М	N	V	N/A	118-451-249	N/A Member-Designate	
6. CELESTINA MA. JUDE P. DELASERNA FILIPINO	N	М	N	1	N/A	148-785-597	N/A Member-Designate	
 DENNIS S. MAS FILIPINO, 506 Blumentritt Ext., Balic-Balic, Sampaloc, Manila 	N	М	N	*	N/A	199-846-184	N/A Member-Designate	Started on September 10, 2018
8. CARLITO P. ROBLE FILIPINO, B4 229 GEORGE TOWN MOLINO 4, CAVITE	Y	М	N	N/A	М	138-646-331	Member	,
STELLA Z. BANAWIS FILIPINO, Lot 8, Blk 9 Phase 4 Vistaverde Country Homes, Cainta	Y	М	N	N/A	М	121-005-014	Member	

INSTRUCTIONS:

FOR BOARD COLUMN, PUT "C" FOR CHAIRMAN, "M" FOR MEMBER, "I" FOR INDEPENDENT DIRECTOR.

FOR PRESIDENTIAL APPOINTEE COLUMN, PUT "Y" IF A PRESIDENTIAL APPOINTEE "N" IF NOT.

FOR STOCKHOLDER COLUMN, PUT "Y" IF A STOCKHOLDER, "N" IF NOT.

FOR OFFICER COLUMN, INDICATE PARTICULAR POSITION IF AN OFFICER, FROM VP UP INCLUDING THE POSITION OF THE TREASURER, SECRETARY, COMPLIANCE OFFICER AND/OR ASSOCIATED PERSON.

FOR EXECUTIVE COMMITTEE, INDICATE "C" IF MEMBER OF THE COMPENSATION COMMITTEE; "A" FOR AUDIT COMMITTEE; "N" FOR NOMINATION AND ELECTION COMMITTEE. ADDITIONALLY WRITE "C" AFTER SLASH IF CHAIRMAN AND "M" IF MEMBER.

BOARD COMMITTEES	FUNCTION	COMPOSITION
N/A	N/A	N/A

				1	20120	
	ACE	DDII	UT I	FGIR	I V	==

LIST OF AFFILIATES/SUBSIDIARIES	DESCRIPTION	NATURE/ EXTENT OF INVESTMENT
N/A	N/A	N/A

		=== PLEASE PR	RINT LEGIBLY ====			
SOVERNMENT CORPORATION NAME:			FETY AND HEALTH			
OTAL NUMBER OF STOCKHOLDERS:		N/A				
OTAL ASSETS BASED ON LATEST AUDITED FINANCIAL	STATEMEN	NTS: N/A				
		STOCKHOLDER	'S INFORMATION			
		SHARES	SUBSCRIBED		AMOUNT PAID	
NAME, NATIONALITY, IF APPLICABLE AND CURRENT ADDRESS	TYPE	NUMBER	AMOUNT (PhP)	% OF OWNER- SHIP	(PhP), IF APPLICABLE	TAX IDENTIFICATION NO. (TIN) FOR FILIPINOS
1. N/A						
				_		
				_		
2.						
3.						
4.				-		
*				-		
				-		
				7 1		
5.				_ I		
	\vdash			-		
				-		
6.						
				4		
7.						
	TOTAL					
TOTAL AMOUNT OF S	UBSCRIBE	D CAPITAL				
			OUNT OF PAID-UP C	APITAL		

INSTRUCTION: SPECIFY THE TOP 20 STOCKHOLDERS AND INDICATE THE REST AS OTHERS

ote: For PDTC Nominee included in the list, please indicate further the beneficial owners owning more than 5% of any class of the company's voting securities. Attach separate sheet, necessary.

TAL NUMBER OF STOCKHOLDERS:						
THE HOMBERTON OF CONTINUES AND		N/A				
TAL ASSETS BASED ON LATEST AUDITED FS:	N/A					
		STOCKHOLDE	R'S INFORMATION	ı		
		SHARES S	SUBSCRIBED			
AME, NATIONALITY, <i>IF APPLICABLE</i> AND CURRENT ADDRESS	TYPE	NUMBER	AMOUNT (PhP)	% OF OWNER- SHIP	AMOUNT PAID (PhP)	TAX IDENTIFICATION NO. (TIN)
. N/A						
				-		
	TOTAL					
				_		
	TOTAL			-		
).						
				_		
	TOTAL					
1.						
	TOTAL			-		
2.						
				_		
	TOTAL					
3.						
				_		
	TOTAL			-		
1.				-		
**						
	TOTAL			-		
	TOTAL					
TOTAL AMOUNT OF S	SUBSCRIBE		INT OF BAIR UP O	ADITAL		
		TOTAL AMO	UNT OF PAID-UP C	APITAL		
INSTRUCTION:	SPECIFY T	HE TOP 20 STOCK	HOLDERS AND IN	DICATE THE R	EST AS OTHERS	

GOVERNMENT CORPORATION INFORMATION SHEET PLEASE PRINT LEGIBLY CORPORATE NAME: OCCUPATIONAL SAFETY AND HEALTH CENTER TOTAL NUMBER OF STOCKHOLDERS: NA TOTAL ASSETS BASED ON LATEST AUDITED FS: N/A STOCKHOLDER'S INFORMATION SHARES SUBSCRIBED AMOUNT PAID NAME, NATIONALITY AND % OF TAX IDENTIFICATION NO. (TIN) AMOUNT (PhP) CURRENT RESIDENTIAL ADDRESS OWNER-TYPE NUMBER (PhP) SHIP 15. TOTAL 16. TOTAL 17. TOTAL 18. TOTAL 19. TOTAL 20. TOTAL 21. OTHERS (Indicate the number of the remaining stockholders) TOTAL TOTAL AMOUNT OF SUBSCRIBED CAPITAL TOTAL AMOUNT OF PAID-UP CAPITAL INSTRUCTION: SPECIFY THE TOP 20 STOCKHOLDERS AND INDICATE THE REST AS OTHERS

		= PLE	ASE PRINT LE	GIBLY	=======	======	
GOVERNMENT CORPOR	ATION NAME: OCCUPATI	ONAL SAF	FETY AND HE	ALTH C	ENTER (OSHC)		
1. INVESTMENT OF CO		I	AMOU	NT (PhP)	DATE	OF BOARD RESOLUTION
FUNDS IN ANOTHER 1.1 STOCKS	CORPORATION					 	N/A
1.1 STOCKS							NA
	RCIAL PAPER (Issued by tions, IF APPLICABLE)						
1.3 LOANS/ CREDIT	S/ ADVANCES						
1.4 GOVERNMENT T	TREASURY BILLS						
1.5 OTHERS							
2. INVESTMENT OF COF SECONDARY PURPO:	RPORATE FUNDS IN ACTIV SES (PLEASE SPECIFY:)	VITIES UN	DER ITS		DATE OF BO		DATE OF STOCKHOLDERS RATIFICATION
3. TREASURY SHARES I	N/A				NO. OF SHA	RES	% AS TO THE TOTAL NO. OF SHARES ISSUED
	PPROPRIATED RETAINED				N/A	R N/A	
	D DURING THE IMMEDIATE OF DIVIDEND	IELY PRE	CEDING YEAR		UNT (PhP)		DATE DECLARED
5.1 CASH	N/A						
5.2 STOCK	1474						
5.3 PROPERTY							
		TOTAL	Р				
ADDITIONAL SHARES	ISSUED DURING THE PE						
DATE	NO. OF	SHARES				AMOL	INT
N/A			CONTRACTOR OF THE PROPERTY OF	+			
SECONDARY LICENSE (DI	 EGISTRATION WITH SEC	AND/OR (OTHER COVE	CAGENO	·v.		
NAME OF AGENCY:	SEC SEC	ANDIOR	THER GOV	BSP		Ι	1 C
TYPE OF	AUA			ACCUPATION OF THE PARTY OF THE			
LICENSE/REGN.	N/A						
DATE ISSUED:							
DATE STARTED							
OPERATIONS:							
TOTAL ANNUAL CO DIRECTORS DURING T YEAR (i	HE PRECEDING FISCAL	TOTAL	NO. OF OFFI	CERS	TOTAL NO. OF		TOTAL MANPOWER COMPLEMENT

NOTE: USE ADDITIONAL SHEET IF NECESSARY

=======================================	PLEASE PRINT LEGIBLY	

GOVERNMENT CORPORATION NAME: OCCUPATIONAL SAFETY AND HEALTH CENTER

	SCHEDULE OF CAPITAL E	XPENDITURE				
PARTICULARS	SECTOR	FOREIGN COMPONE	TV	NO SUPPORT	SUBSIDY	
		Loan	Grant	Project	Tax	Bank loans
N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Other Source	Total Local Compounent	Total Cost	Status		
	N/A	N/A	N/A	N/A		

PLEASE PRINT LEGIBLY

GOVERNMENT CORPORATION NAME: OCCUPATIONAL SAFETY AND HEALTH CENTER		
INCOME STATEMENT		
For the year : December 31, 2018		
	Amount	
INCOME		
Business and Service Income (Loading Fund from SSS and GSIS)	169,773,000	
Gains and Premiums	-	
Others	30,080,383	
Total Income	199,853,383	
Less: Share of National Government		
Income After Share of National Government	-	
EXPENSES		
Business Expenses		
Personal Services	76,716,972	
Maintenance and Other Operating Expenses	71,258,289	
Financial Expenses	150	
Others (Non-Cash Expenses)	19,996,097	
Total Expenses	167,971,508	
Net Income (Loss) Before Subsidy	31,881,875	
Subsidy Income	-	
Net Income (Loss) Before Tax	31,881,875	
Income Tax Expense (Tax Exempt pusuant to PD 626, as amended)		
Net Income (Loss) After Tax	31,881,875	

GOVERNMENT CORPORATION INFORMATION SHEET PLEASE PRINT LEGIBLY == GOVERNMENT CORPORATION NAME: OCCUPATIONAL SAFETY AND HEALTH CENTER CASH FLOW STATEMENT For the year ended December 31, 2018 CASH FLOW FROM OPERATING ACTIVITIES Amount Cash Inflows 303,877,193 Cash Outflows 187,974,316 Net Cash Provided By (Used in) Operating Actitives 115,902,877 CASH FLOWS FROM INVESTING ACTIVITIES Cash Inflows 2,135,274 Cash Outflows 4,522,953 Net Cash Provided By (Used In) Investing Activities (2,387,679)CASH FLOWS FROM FINANCING ACTIVITIES Cash Inflows Cash Outflows Net Cash Provided By (Used In) Financing Activities Net Increase (Decrease) in Cash and Cash Equivalents 113,515,198 Effects of Exchange Rate Changes on Cash and Cash Equivalents Cash and Cash Equivalents, Beginning of Period 33,526,204

PLEASE PRINT LEGIBLY ====================================					
OVERNMENT CORPORATION NAME: OCCUPATIONAL SAFETY AND HEALTH CENTER					
s of December 31, 2018					
ASH AND INVESTMENT BALANCE REPORT					
	AMOUNT	TERM (No. of Days)	RATE (Per Annum)	DA	ATE
. Cash on Hand	306,226			Issue	Maturity
l. Cash in Banks					
a. Current Account / Savings Account	26,457,330				
b. Time Deposit (Landbank)	120,277,846				
I. Net Depositswith BTr					<u> </u>
V. Special Series Treasury Bills) with Bangko Sentral (Identify those under trust agreements)					
'. Special Series Placements		, -			
ith BTr (Identify those under ust agreements					
1. Investments in Other Securities					
'II. Others					

GOVERNMENT CORPORATION NAME: OCCUPATIONAL SAFETY AND HEA	ALTH CENTER
BALANCE SHEET (For the year December 31, 2018)	Amount
(Apple 15)	Amount of Assets
Cash & Cash Equivalents	147,041,402
Short-Term Investments	166,826,344
Receivables (net)	46,207,971
Inventories	4,349,464
Prepayments and Deferred Charges	171,976
Gross International Reserves	- 450.750
Others	152,756
Total Current Assets	364,749,913
Non-Current Ass	ets
Long -term Receivables (net)	
Long-term Investments (net)	-
Property, Plan & Equipment (net)	88,592,516
nvestment Property	-
ntangible Assets	-
Others	888,135
Total Non-Current Assets	89,480,651
TOTAL ASSETS	454,230,564
TO THE REPORT OF THE PARTY OF T	AND EQUITY A STATE OF THE STATE
LIABILITIES Current	Liabilities
Frade and Non-Trade Payables	25,399,130
Current Portion of Long-term Debt	-
Deposit Liabilities	-
Currency in Circulation	-
Securities sold under agreements to repurchase	-
Current Liabilities of Water Districts	-
Others	
Total Current Liabilities	25,399,130
	nt Liabilities
Deposit Payables	-
3ills Payable	-
Bonds Payable	-
Votes Payable	•
Vortgage Payable	
oans and Advances Payable	-
Accrued Retirement Benefits	23,685,680
Deferred Credits	1,884,454
Von-Current Liabilities of Water Districts	
Others	_
Von-Current Liabilities	23,685,680
TOTAL LIABILITIES	49,084,810
The state of the s	UITY
	373,263,880
Soverment Equity	070,200,000
Capital Stock	
Restricted Capital	31,881,875
Retained Earnings	31,001,073
Others FOUNTY	405,145,755
TOTAL LIABILITIES AND FOURTY	454,230,565
OTAL LIABILITIES AND EQUITY	404,200,000

PLEASE PRINT LEGIBLY

NET OPERATING INCOME	Amount
Schedule 1A	
Accounts receivable - national government	
Clients deposit	
Collection from advances on insured receivables	
Collection of loans receivables	
Collection of pari-passu payables	
Collection of receivables - loading fund	171,921,651
Collection of receivables employees/others	4,781,031
Collection of receivables clients, employees, others	
Collection of Sales Contract Receivable (Income)	19,374,831
Dividend Income	
Foreign Exchange gains	
Gain on sale of Investment	
Interest and penalties	
interest on investments and deposits	2,695,968
Lease income (office space)	
Lease income from acquired assets	
Lease payment receivable car plan	
Miscellaneous deposit	
Misc inc service charge	
Payable to clients/employees/govet agencies	
Payable to clients/employees/ others	
Redemption of agrarian reform bonds	
Reinsurance claims – ECI	
Reinsurance premium Trust liabilities	
Sale of transportation of equipment	
Sale of unserviceable equipment	
Add: (other Receipts)	107,238,986
Total:	306,012,467
TOTAL	306,012,467
TOTAL: *data based on cash flow statement 2018	300,012,407

PLEASE PRINT LEGIBLY =		
GOVERNMENT CORPORATION NAME: OCCUPATIONAL SAFETY AND HEALTH CENTER		
CHART OF ACCOUNTS		
For the year : 2018		
Net Operating Income		
Sale of Acquired Assets		
Collection of Advances on Guaranteed Loans		
Advances on Guaranteed Loans		
Capital Expenditures		
Dividend Payments		
CASH SURPLUS/DEFICIT		
Operating Receipts		
Sale of goods/services		
Income from commitment and gtee fee	the second secon	
Filing, processing & amendment fees		
Interest Income Direct lending		
Insurance Premium		
Fund Arrangement Fees		
Add: (Other receipts)		
TOTAL:		
Current Subsidies:		
Other receipts: (Schedule 1A)	306,012,467	
Total Receipts:	306,012,467	
Less:		
Interest and Financial Charges	_	
Final Withholding Tax	-	
Prior period expenses	-	
Other current expenditures (PS AND MOOE) actual	187,974,310	
(CAPITAL OUTLAY)	4,522,95	
Total:	113,515,198	

I, DIANNE LILIBETH S. BAUTISTA, Corporate Secretary OF THE ABOVE-MENTIONED

GOVERNMENT CORPORATION DECLARE UNDER THE PENALTY OF PERJURY, THAT ALL MATTERS SET FORTH IN THIS GOVERNMENT CORPORATION INFORMATION SHEET WHICH CONSISTS OF (17) PAGES HAVE BEEN MADE IN GOOD FAITH, DULY VERIFIED BY ME AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, ARE TRUE AND CORRECT.

I UNDERSTAND THAT THE FAILURE OF THE CORPORATION TO FILE THIS GIS FOR FIVE (5) CONSECUTIVE YEARS SHALL BE CONSTRUED AS NON-OPERATION OF THE CORPORATION AND A GROUND FOR THE REVOCATION OF THE CORPORATIONS CERTIFICATE OF INCORPORATION. IN THIS EVENTUALITY, THE CORPORATION HEREBY WAIVES ITS RIGHT TO A HEARING FOR THE SAID REVOCATION.

DONE THIS 7TH DAY OF MARCH, 2019 IN MAKATI CITY.

MAKATI CITY CITY/PROVINCE, PHILIPPINES ON SUBSCRIBED AND SWORN TO BEFORE ME IN MAR 0 7 2019, AFFIANT PERSONALLY APPEARED BEFORE ME AND EXHIBITED TO ME HIS/HER COMMUNITY TAX CERTIFICATE NO. ISSUED AT ______ ON ______, 201_. CITY/PROVINCE NOTARY PUBLIC FOR Commission expires on December 31, OR. BATALLA DOC. NO: PAGE NO. Roll of Attorney Number OTARY PUBLY FOR MAKATI CITY BOOK NO. PTR No. APPT NO M JUNIEL DEC. 31, 2020 SERIES OF IBP No. Office Address: MCLE COMPLIA

> EXECUTIVE BLDG. CENTER MAKATI AVE., COR., JUPITER ST. MAKATI CITY

JAN 03, 2019- MAKATI CITY

IBP O.R No.70576

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