# 4

### GOVERNMENT CORPORATION INFORMATION SHEET (GCIS) FOR THE YEAR 2023

### **GENERAL INSTRUCTIONS:**

- 1. 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.
- 2. 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.
- 3. 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.
- 7. 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

SERVICE SERVIC	Y ***************************	:=
GOVERNMENT CORPORATION NAME: OCCUPATIONAL SAFETY AND HEALTH CE	NTER	DATE CREATED:
		_
SECONDARY NAME, IF ANY. OSHC		4-Nov-87
CHARTER, IF ANY. PD 626,as amended / EO 307		FISCAL YEAR END: DECEMBER 2020
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:
NA COMPLETE REPORTED APPEAR		www.oshc.gov.ph
COMPLETE PRINCIPAL OFFICE ADDRESS:		E-MAIL ADDRESS
NORTH AVE. COR. SCIENCE ROAD, DILIMAN, QUEZON CITY		L-WAIL ADDRESS
COMPLETE BUSINESS ADDRESS:		ashc dale aav ah
NORTH AVE. COR. SCIENCE ROAD, DILIMAN, QUE	ZON CITY	FAX NUMBER:
NAME OF EXTERNAL AUDITOR & ITS SIGNING PARTNER: N/A	ATTACHED AGENCY (if applicable): N/A	TELEPHONE NUMBER(S):
		89286690
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
======================================	TONS ============	
PARENT COMPANY	ADDR	ESS
DEPARTMENT OF LABOR AND EMPLOYMENT	Muralia St., Intramuros, Manila	
SUBSIDIARY/AFFILIATE	ADDRI	SS
N/A	N.A	•
NOTE; USE ADDITIONAL SHEET	IF NECESSARY	

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•			===== PLEA:	SE PRINT LEGIB	LY =====			
GOVERNMENT	CORPORATI	ION NAME: OCCUPATIO	NAL SAFETY AN	ID HEALTH CENT	ŒR			
			CAPIT	FAL STRUCTURE				
AUTHORIZED CA	APITAL STOC	K, if applicable						
N/A	i.	TYPE OF SHARES *	NUMBER OF SHARES	PAR/STAT	ED VALUE	AMOUNT (PhP) (No. of shares X Par/Stated	l Value)	
			****		~~~~~~~			
C'IRCORIDED C	ADITAL Same	TOTAL			TOTAL P			
SUBSCRIBED CA	λΡιτα <b>L, π a</b> pp:	licable	<del></del>					
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								
		70741						
PAID-UP CAPIT	TAT if anniii	TOTAL		TOTAL	TOTAL P			
	NO. OF	<del>,</del>	NUMBER OF			· · · · · · · · · · · · · · · · · · ·	% OF	
FILIPINO	STOCK-	TYPE OF SHARES *	SHARES	PAR/STAT	ED VALUE	AMOUNT (PhP)	OWNERSHIP	
			İ					
			ĺ					
N/A			!		·			
****			1					
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			1	1				
		7074						
	<del></del>	TOTAL		L	TOTAL P			
		NOTE	E: USE ADDITION	NAL SHEET IF N	ECESSARY			

PLEASE PRINT LEGIBLY ===

		8	оссираном	ONAL SAFETY AND HEALTH CENTER	AND HEALT	TH CENTER		
			DIREC	ECTORS /	OFFIC	ERS		
NAME, NATIONALITY AND  CURRENT RESIDENTIAL ADDRESS	PRESIDENTIAL APPOINTEE	BOARD	STOCK HOLDER	EX-Officio	EXEC. COMM.	TAX IDENTIFICATION NO. (TIN)	COMPENSATION PACKAGEYR	DESIGNATION TO OTHER BOARDS OF AFFILIATES/SUBSIDIARIES
1. BÍENVENIDO ESGUERRA LAGUESMA FILIPINO	<b>&gt;</b>	ပ	z	>	O	135-071-243	N/A Board Chairman	
2 BENJO SANTOS MONTEJO BENAVIDEZ FILIPINO	z	Σ	Z	>	ပ	260-540-162	N/A Board Chairman-Designate	
3. DIONISION CHAN EBDANE J.R. FILIPINO	z	×	z	>	N/A	107-159-521	N/A Board Vice Chairman Designate	
4. RIALDY T. CAPULONG FILIPINO	z	M	z	>	NA	182-016-483	N/A Board Member-Designate	
5. RENEE Y. SORIANO FILIPINO	z	M	z		ΝΑ	106-214-633	Board Member-Appointive	
6. CARLITO P. ROBLE FILIPINO	<b>&gt;</b> -	Ø	z	Ϋ́Ν	Σ	138-646-331	Board Member - Appointive	
7. DENNIS SEVILLA MAS FILIPINO	<b>&gt;</b>	Σ	z	>	Z	199-846-184	N/A Board Member - Alternate	
8. KAIMA VIA B. VELAZQUEZ FILIPINO	Ϋ́	M	Z	N/A	M	289-415-739	Board Member-Appointive	
·6								
10.								
INSTRUCTIONS: FOR BOARD COLUMN, PUT "C" FOR CHAIRMAN, "M" FOR MEMBER, "T" 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.	MEMBER, "" FOR IND PRESIDENTIAL APPC DER, "N" IF NOT. ON IF AN OFFICER, FR OCIATED PERSON.	EPENDENT C JINTEE "N" IF OM VP UP IN	MRECTOR. NOT. CLUDING THE	POSITION OF 1	HE TREASUR	# *		
GCIS (VERTEXECUTIVE COMMITTEE, INDICATE "C" IF MEMBER OF THE COMPENSATION COMMITTEE; "N" FOR NOMINATION AND ELECTION COMMITTEE, "N" FOR NOMINATION AND ELECTION COMMITTEE. ADDITIONALLY WRITE "C" AFTER SLASH IF CHAIRMAN AND "M" IF MEMBER.	OF THE COMPENSATE "C" AFTER SLASH IF	TION COMMIT	TEE; "A" FOR A	AUDIT COMMIT	TEE; "N" FOR N	NOMINATION		Page 3

GOVERNMENT CORPORATION NAME: 0	OCCUPATIONAL SAFETY AND HEALTH CEN	ITER (OSHC)
BOARD COMMITTEES	FUNCTION	COMPOSITION
Policies and Programs Committee  Risk Management Committee	Review and propose new policies and programs toward adequate occupational and safety and accident prevention in the working environment and rehabilitation and compensation of PWRDs.  Responsible in acknowledging and identifying all of the risks facing the agency	4 members 5 members
Audit Committee	Responsible in the oversight of financial reporting the disclosure	4 members
Executive and Governance and Nomination & Remuneration Committees	Responsible in ensuring that the Board fulfills its legal, ethical and functional responsibilities through adequate governance policy development, training programs and monitoring of Board activities as well as evaluation of the Board's performance. Likewise they are responsible in helping the Board appointment process and qualification standards including the Board's membership.	4 members

NOTE: USE ADDITIONAL SHEET IF NECESSARY

PLEASE PRINT LEGIBLY

LIST OF AFFILIATES/SUBSIDIARIES	DESCRIPTION	NATURE/ EXTENT OF INVESTMENT
FIG. OF MITTEM LEGISCHERIES	DEGOME HOR	MATERIAL OF MATERIAL
N/A	N/A	N/A
		•

GOVER	NMENT	CORPORAT	ION INFORM	ATION S	HEET	•
		= PLEASE PR	UNT LEGIBLY -			
GOVERNMENT CORPORATION NAME:OCCUPATIO	NAL SAFET	Y AND HEALTH C	ENTER			
TOTAL NUMBER OF STOCKHOLDERS:		N/A				
TOTAL ASSETS BASED ON LATEST AUDITED FINANCI	AL STATEME			<del></del>	<del></del>	
			'S INFORMATION	<u> </u>		
			SUBSCRIBED		AMOUNT PAID	TAV INCLUTION
NAME, NATIONALITY, <i>IF APPLICABLE</i> AND CURRENT ADDRESS	TYPE	NUMBER	AMOUNT (PhP)	% OF OWNER- SHIP	(PhP), IF APPLICABLE	TAX IDENTIFICATION NO. (TIN) FOR FILIPINOS
1. N/A				_		
				-		
				-		
2.				<del></del>		
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				-		
3.						
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4.				- 1		
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5.	-	· · ·	<u></u>			<b> </b>
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				]		
6.	+			-		
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				]		
		i		1		
7.						
				4		
	TOTAL					
	, J. M.	<u></u>				
TOTAL AMOUNT OF	SUBSCRIBE	· · · · · · · · · · · · · · · · · · ·				
		TOTAL AM	OUNT OF PAID-UP	CAPITAL		<u></u>
INSTRUCTION: SI	PECIFY THE	TOP 20 STOCK	OLDERS AND INDIC	CATE THE RES	T AS OTHERS	
Note: For PDTC Nomines included in the list places indi						

sheet, if necessary.

		PLEASE	PRINT LEGIBLY =			
CORPORATE NAME: OCCUPATIONAL SAFETY	AND HEAL	TH CENTER				
TOTAL NUMBER OF STOCKHOLDERS:	1	WA.				
TOTAL ASSETS BASED ON LATEST AUDITED FS:						
		STOCKHOLDE	R'S INFORMATION			
		SHARES	SUBSCRIBED			
NAME, NATIONALITY, IF APPLICABLE AND CURRENT ADDRESS	TYPE	NUMBER	AMOUNT (PhP)	% OF OWNER- SHIP	AMOUNT PAID (PhP)	TAX IDENTIFICATION NO. (TIN)
8.						
				-		
	TOTAL					
9.						
				-		
	TOTAL					
10.						
	TOTAL		,	1		
11.						
	TOTAL					
12.						
	TOTAL			-		
	IOIAL					
13.						
				_		
	TOTAL					
14.						
	TOTAL					
TOTAL AMOUNT OF	SUBSCRIBE	D CAPITAL				
**************************************	·		OUNT OF PAID-UP C	APITAL		
INSTRUCTION:	SPECIFY T	HE TOP 20 STOCK	(HOLDERS AND INE	ICATE THE R	EST AS OTHERS	
			•			

' GOVE	RNMEN	T CORPORA	TION INFORT	MATION	SHEET	
		PLEASE	PRINT LEGIBLY =			
CORPORATE NAME: OCCUPATIONAL SAFETY	AND HEALT	COSMED				
CORPORATE NAME: ULGUPATIONAL SAFET	AND DEALH	d CENIER				
TOTAL NUMBER OF STOCKHOLDERS:		NA				
TOTAL ASSETS BASED ON LATEST AUDITED FS: N		1675				
		STOCKHOLDE	R'S INFORMATION			
		SHARES S	SUBSCRIBED			
NAME, NATIONALITY AND CURRENT RESIDENTIAL ADDRESS	TYPE	NUMBER	AMOUNT (PhP)	% OF OWNER- SHIP	AMOUNT PAID (PhP)	TAX IDENTIFICATION NO. (TIN)
15.						
	<b></b>			4		
	TOTAL			$\dashv$	!	
16.				1	†	
				コ		
	TOTAL			_	1	1
17.	<del></del>	.——		<del></del>	<del> </del> '	<del> </del>
				$\dashv$	1	1
				j	'	1
	TOTAL.			1		
18.	<del></del>			<u> </u>	1	
	<del>                                     </del>	-		-	1	
	TOTAL.			7		
19.						
	<del></del>			] '	1	
	TOTAL	<del></del>	<del></del>	- '	'	1
20.	<del></del>			+	ļ	
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				<b>」</b> '		
21. OTHERS (Indicate the number of the	TOTAL			<u> </u>	<u> </u>	
remaining stockholders)				'		
	<del></del>			] '		1
	TOTAL.	+		- ⊢ ′		
	<u> </u>					
TOTAL AMOUNT OF	SUBSCRIBE					
		TOTAL AMO	OUNT OF PAID-UP CA	APITAL		
INSTRUCTION:	SPECIFY TH	E TOP 20 STOCKI	HOLDERS AND INDIC	CATE THE RE	ST AS OTHERS	

	PLE	ASE PRINT LEGIBL	Y ========		
GOVERNMENT CORPORATION NAME: OCC	UPATIONAL SAF	ETY AND HEALT	H CENTER		
1. INVESTMENT OF CORPORATE		AMOUNT (	PhP)		NA
FUNDS IN ANOTHER CORPORATION					
1.1 STOCKS					
1.2 BONDS/COMMERCIAL PAPER (Issu Private Corporations, <i>IF APPLICAB</i>					
1.3 LOANS/ CREDITS/ ADVANCES					
1.4 GOVERNMENT TREASURY BILLS			<u> </u>		
1.5 OTHERS					
2. INVESTMENT OF CORPORATE FUNDS IN SECONDARY PURPOSES (PLEASE SPEC		DER ITS	DATE OF BO RESOLUTI		DATE OF STOCKHOLDERS RATIFICATION
3. TREASURY SHARES			NO. OF SHA	RES	% AS TO THE TOTAL NO. OF SHARES ISSUED
4. UNRESTRICTED/UNAPPROPRIATED RET.			LAST FISCAL YEA	R	
5. DIVIDENDS DECLARED DURING THE IMM	MEDIATELY PREC	CEDING YEAR:			
TYPE OF DIVIDEND	·		AMOUNT (PhP)		DATE DECLARED
5.1 CASH N/A					
5.2 STOCK	<del></del>				
5.3 PROPERTY					
6. ADDITIONAL SHARES ISSUED DURING T	TOTAL	Р			[
"					
DATE N	IO. OF SHARES			AMOU	INT
					···
SECONDARY LICENSE/REGISTRATION WIT					
NAME OF AGENCY: SEC	C	E	SP		IC
LICENSE/REGN.	<b>A</b>				
DATE ISSUED:					
DATE STARTED					
OPERATIONS:					
TOTAL ANNUAL COMPENSATION OF DIRECTORS DURING THE PRECEDING FIS YEAR (in PhP)		NO. OF OFFICER	RS TOTAL NO. O		TOTAL MANPOWER COMPLEMENT
		and the same			
NO	TE: USE ADDITIO	ONAL SHEET IF I	NECESSARY		

	<del>-</del>					
1			Bank loans N/A			
I		. SUBSIDY	Tax N/A	•		
		NO SUPPORT SUBSIDY	Project N/A		Status	N.A
		NT	Grant N/A		Total Cost	N/A
1	ENDITURE	FOREIGN COMPONENT	in N/A		Total Local Compoonent	NA
GOVERNMENT CORPORATION NAME: OCCUPATIONAL SAFETY AND HEALTH CENTER	SCHEDULE OF CAPITAL EXPENDITURE	SECTOR	N/A		Other Source	NA
GOVERNMENT CORPORA		PARTICULARS	N/A		<u>]</u>	

PLEASE PRINT LEGIBLY

GOVERNMENT CORPORATION NAME:	OCCUPATIONAL SAFETY AND HEALTH CENTER
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INCOME STATEMENT

For the year : December 31, 2023

<b>.</b>	Amount
INCOME	
Business and Service Income ( Loading Fund from SSS and GSIS)	8,449,135.97
Gains and Premiums	-
Others	
Total Income	8,449,135.97
Less: Share of National Government	•
Income After Share of National Government	•
EXPENSES	
Business Expenses	
Personal Services	98,168,234.49
Maintenance and Other Operating Expenses	124,041,499.71
Financial Expenses	2,904.00
Others (Non-Cash Expenses)	20,590,005.43
Total Expenses	242,802,643.63
Net Income (Loss) Before Subsidy	(234,353,507.66)
Subsidy Income	233,943,269.00
Net Income (Loss) Before Tax	(410,238.66)
Income Tax Expense (Tax Exempt pusuant to PD 626, as amended)	-
Net Income (Loss) After Tax	(410,238.66)

# **GOVERNMENT CORPORATION INFORMATION SHEET** === PLEASE PRINT LEGIBLY = GOVERNMENT CORPORATION NAME: OCCUPATIONAL SAFETY AND HEALTH CENTER **CASH FLOW STATEMENT** For the year ended December 31, 2023 CASH FLOW FROM OPERATING ACTIVITIES Amount Cash Inflows 194,816,761.88 Cash Outflows 211,726,950.18 Net Cash Provided By (Used in) Operating Actitives (16,910,188.30) CASH FLOWS FROM INVESTING ACTIVITIES Cash Inflows 1,036,302.85 **Cash Outflows** 11,915,798.99 Net Cash Provided By (Used In) Investing Activities (10,879,496.14) **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 (27,789,684.44) Effects of Exchange Rate Changes on Cash and Cash Equivalents Cash and Cash Equivalents, Beginning of Period 224,433,882.60

	PLEASE PRINT LEGIE	JLY				
GOVERNMENT CORPORATION NAME: OCCUPATI	ONAL SAFETY AND HEAL	TH CENTER				
As of December 31, 2023						
CASH AND INVESTMENT BALANCE REPORT	CASH AND INVESTMENT BALANCE REPORT					
	AMOUNT	TERM (No. of Days)	RATE (Per Annum)	ום	ATE	
I. Cash on Hand	490,017.39			Issue	Maturity	
II. Cash in Banks						
a. Current Account / Savings Account	14,397,941.23		ļ			
b. Time Deposit (Landbank)	181,756,239.54				<u> </u>	
III. Net Depositswith BTr						
iV. Special Series (Treasury Bills) with Bangko Sentral (Identify those under trust agreements)						
V. Special Series Placements	!					
with BTr (Identify those under						
trust agreements						
VI. Investments in Other Securities						
VII. Others - Investment in Time Deposit	172,337,381.09					

GOVERNMENT CORPORATION NAME: OCCUPATIONAL SAFETY AND HEA	ALTH CENTER
BALANCE SHEET (For the year December 31, 2023) ASSETS	Amount
	t Assets
Cash & Cash Equivalents	196,644,198.16
Short-Term Investments	172,337,381.09
Receivables (net)	119,273,295.87
Inventories	4,630,057.14
Prepayments and Deferred Charges	4,024,685.55
Gross International Reserves	
Others	207,295.65
Total Current Assets	497,116,913.46
Non-Current Ass	
Long -term Receivables (net)	
Long-term Investments (net)	- · · · · · · · · · · · · · · · · · · ·
Property, Plan & Equipment (net)	107,953,614.27
Investment Property	-
Intangible Assets	-
Others	1,261,583.92
Total Non-Current Assets	109,215,198.19
TOTAL ASSETS	606,332,111.65
	AND EQUITY
	Liabilities
Trade and Non-Trade Payables	62,155,595.94
Current Portion of Long-term Debt	10,732,163.02
Deposit Liabilities	10,702,100.02
Currency in Circulation	_
Securities sold under agreements to repurchase	
Current Liabilities of Water Districts	_
Others	
Total Current Liabilities	72,887,758.96
	nt Liabilities
Deposit Payables	TE BIADINGO
Bills Payable	_
Bonds Payable	•
Notes Payable	
Mortgage Payable	_
Loans and Advances Payable	
Accrued Retirement Benefits	38,719,568.59
Deferred Credits	-
Non-Current Liabilities of Water Districts	
Others	
Non-Current Liabilities	38,719,568.59
TOTAL LIABILITIES	111,607,327.55
	UITY
Government Equity	. 249,042,285.00
Capital Stock	249,042,200.00
Restricted Capital	
Retained Earnings	245 692 400 40
Others	245,682,499.10
TOTAL EQUITY	404 704 704 40
TOTAL LIABILITIES AND EQUITY	494,724,784.10
all black in - with a Will I	606,332,111.65

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GOVERNMENT CORPORATION NAME: OCCUPATIONAL SA	FETY AND HEALTH CENTER
NET OPERATING INCOME	Amount
Schedule 1A	Anjount
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	184,584,149.60
Collection of receivables – employees/others	3,681,925.66
Collection of receivables – clients, employees, others	2,617,073.79
Collection of Sales Contract Receivable (Income)	3,182,791.35
Dividend Income	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Foreign Exchange gains	
Gain on sale of investment	
Interest and penalties	
interest on investments and deposits	1,787,124.33
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)	
Total:	195,853,064.73
TOTAL:	195,853,064.73
*data based on cash flow statement 2023	

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GOVERNMENT CORPORATION NAME: OCCUPATIONAL SAFETY AND HEALTH CENTER			
CHART OF ACCOUNTS			
For the year: 2023			
•			
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			
Filing, processing & amendment fees			
Interest Income - Direct lending			
Insurance Premium			
Fund Arrangement Fees			
Add: (Other receipts) Interest earned on time deposit			
TOTAL:	-		
Current Subsidies:			
	405 050 004 70		
Other receipts: (Schedule 1A)	195,853,064.73		
Total Receipts:	195,853,064.73		
Less:			
Interest and Financial Charges	-		
Final Withholding Tax	-		
Prior period expenses	-		
Other current expenditures (PS AND MOOE) actual	211,726,950.18		
(CAPITAL OUTLAY)	11,915,798.99		
Total:	(27,789,684.44)		
·			

GCIS (v.2012) Page 16

I, DIANNE LILIBETH S. BAUTISTA,

Corporate Secretary OF THE ABOVE-MENTIONED (POSITION)

(NAME)

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 12TH DAY OF NOVEMBER, 2024 IN MAKATI, PHILIPPINES.

Alanghanlita (SIGNATURE)

SUBSCRIBED AND	SWORN TO BEFOR	RE ME IN	Makati	City CITY	//PROVINCE,	PHILIPPINES	ON
NOV 1 4 2024 AFF	FIANT PERSONALLY	APPEARED	BEFORE ME AND	EXHIBITED TO	ME HIS/HER	COMMUNITY	TAX
CERTIFICATE NO	ISSUED A	·Τ		ON	, 20		
DOC. NO: PAGE NO. BOOK NO. SERIES OF	NOTARY PUBLIC FO Notarial Commission Commission expires Roll of Attorney Num PTR No. IBP No.	No on December ber	Notary Public River Public Rive	er 31, 2024 1-115(2023-2024) y No. 77376 ZHI NO. 0001393- il Apr. 14, 2028 .02.2024/Makati City 02.2024/Makati City	Ť <b>i</b> ty		