AGENDA
NPF Board of Directors Meeting
August 4, 2017, 12:30 – 5:00pm
Swissotel – Chicago
323 E Upper Wacker Dr, Chicago, IL 60601
Room: Swiss Executive Room, 40th floor
Dial in - (888) 327-8914, 9128107#

Attending: Pete Redding, Chip Newton, Carol Ostrow, Terri Theisen, Ron Grau, Abby Van Voorhees, M.D., Steve Bishkoff, Matt Kiselica, Rick Seiden, Mark Oberman, Pete Miller, Jason Lichten, M.D., Eyal Ofir, Nate Paul
Not Attending: Kathleen Gallant, Colby Evans, M.D.
Staff Attending: Randy Beranek, Kimberly Burt
By phone/video: Nell Edgington, Social Velocity

11:45am – 12:30pm  Lunch - Room: Swiss Executive Room, 40th floor
*Nick Manetto, Principal with Faegre Baker Daniels Consulting has been invited to join.

12:00pm – 12:30pm  Executive Committee meets for Annual Performance Review of the President and CEO.  Executive Committee only
Meeting Room: Rhone Room #311, 3rd floor
Lunch will be provided in the Rhone Room

12:30pm – 12:45pm  Executive Session  Board members only
Expected Outcome: In executive session, members will discuss the outcomes from the Performance Review of the President and CEO.

12:45 – 12:50pm  I. Call to Order and Welcome  Pete Redding, Chair
Consent Agenda:
1. Minutes of the June 9, 2017 Mtg
2. Department Reports: Outreach & Navigation Center, Research, Government Relations & Advocacy, Corporate Relations & Medical Programs, Marketing & Communications, Development, and Major Gifts & Individual Giving
3. IFPA Update

12:50 – 1:10pm  II. Treasurer’s Report  Terri Theisen
Expected Outcome: Members will review the June 2017 year end financials.

1:10 – 1:30pm  III. Annual Board Orientation  Pete Randy Beranek
Expected Outcome: Board members will review the board orientation and be asked to sign the Conflict of Interest Acknowledgment and Financial Interest Disclosure Statement.

1:30 – 3:00pm  IV. Social Velocity Presentation  Nell Edgington
Background: The foundation has undergone an in-depth analysis of strategy, procedures, tactics and structure across the organization related to its revenue generated activity.
Expected Outcome: Nell Edgington, President of Social Velocity, will present the Financial Model Assessment and its recommendations.
### AGENDA
**NPF Board of Directors Meeting**  
**August 4, 2017**

<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
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</thead>
<tbody>
<tr>
<td>3:00 – 3:15pm</td>
<td>Break</td>
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<tr>
<td>3:15 – 4:45pm</td>
<td>Continue Social Velocity presentation</td>
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<tr>
<td>4:45pm – 5:00pm</td>
<td><strong>V. Other Business and Adjournment</strong></td>
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</tbody>
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Next Meeting: October 21, 2017/Portland, OR
I. Consent Agenda
Minutes
June 9, 2017

NPF Board of Directors
Sheraton Time Square New York
9:00 am – 2:00 pm

Directors present: Colby Evans, M.D., Pete Redding, Chip Newton, Mike Laub, Terri Theisen, Carol Ostrow, Abby Van Voorhees, M.D., Matt Kiselica, Steve Bishkoff, Rick Seiden, Pete Miller, Kathleen Gallant, Eyal Ofir

Absent: Ben Lockshin, M.D., Mark Oberman, Jason Lichten, M.D., Ron Grau, Nate Paul, Krista Kellogg, Holly Fields Krafsur

Staff present: Randy Beranek, Bette Drake, Leah Howard, J.D., Mike Siegel, PhD., Emily Boyd, John Ogden, Kimberly Burt.

I. Call to Order and Welcome: Colby Evans, M.D. called the meeting to order at 9:00am. A quorum was achieved. The following items were considered under the Consent Agenda and **approved (MSC)**:

- Minutes of the March 4, 2017 Board Mtg
- Outreach Update
- Navigation Center Update – Matt Kiselica, Outreach Chair, met with Navigation Center staff and provided the board members with the results of that meeting.
- Minutes of the April 27, 2017 Governance Committee Mtg
- Advocacy Report
- Marketing and Communications Report
- Development Report
- Strategic Alliances Update

II. Presentation of the FY18 Revenue and Expense Budget: Terri and Bette presented the Finance Committee’s proposed FY18 budget.

The budget was **approved (MSC)** with an amendment to add $50,000 to the research budget if funds are available.

III. Medical Programs Update: Recent and upcoming activities were highlighted.

The following medical board candidates were presented to the board and **approved (MSC)** for membership.

- Kelly M. Cordoro, M.D.
- Johann Eli Gudjonsson, M.D., Ph.D.
- Craig L. Leonard, M.D.
- Joseph A. Markenson, M.D.
- Veronica Richardson, M.S.N., C.R.N.P., A.N.P.-B.C.
- Craig Forrest Teller, M.D.

IV. Governance Committee Report: Chip presented the committee’s proposed policy changes. The changes for these policies were **approved (MSC)**.

- Conflict of Interest Policy (Board of Directors and Medical Board Members)
- Conflict of Interest Policy (Employees)
- Privacy Policy
- Commercial Relationship Policy
- Gift Acceptance Policy
- Policy on Reporting of Financial, Auditing or Governance Improprieties (Whistleblower)

Colby presented an award of recognition and expressed appreciation to Mike Laub for his full term as a member on the NPF Board of Directors.
Minutes
NPF Board of Directors Meeting
June 9, 2017

V. Research Report: Mike Siegel presented the Research Committee’s proposed grant recipients.

Approved (MSC) grant recipients:
- Early Career – Julia Manasson, M.D.
- Early Career – Ernest Lee, B.S., M.D./PhD Graduate Student
- Translational – Eynav Klechevsky, PhD
- Bridge – Jun Yan, PhD/Professor
- Discovery – Yun Liang, PhD, Research Investigator
- Discovery – Jin Mo Park, PhD, Assistant Professor
- Early Career – Jason Hawkes, M.D., Postdoctoral Researcher
- Early Career – Cory Simpson, M.D., PhD, Clinical Instructor and Postdoc
- Early Career – Remy Pollock, PhD, Postdoctoral Researcher
- Discovery – Yahui Chiu, PhD, Research Assistant Professor
- Bridge – Nicole Ward, PhD, Associate Professor
- Discovery – Tina Bhutani, M.D., Assistant Professor
- Discovery – Gerard Wong, PhD, Professor
- Early Career – Megan Noe, M.D., M.P.H., Clinical Instructor and Postdoc
- Discovery – Abby Van Voorhees, M.D., Professor and Chair
- Public Health – Amit Garg, M.D., Associate Professor and Chair

Add-ons #1 and #2 approved (MSC) but are contingent upon four factors; 1) has the budget target been met, 2) if target is met, the incentive program must be paid out first, 3) do we have the excess funds after, 4) identified donor pays out the $50,000 for each year.
- Add on #1: Transitional – Shiva Shahrrara, PhD, Associate Professor
- Add on #2: Discovery – Aaron Secrest, M.D. PhD., M.P.H., Instructor/Assistant Professor

VI. CEO Report: Randy highlighted the 50th Anniversary Gala and provided a brief update on the Revenue Model Assessment. Nell Edgington, Social Velocity, will present the revised full report to the board at the August 4th, 2017 board meeting in Chicago.

Pete Miller, NVC Chair, reviewed the run of show for NVC August 3-6.

Randy expressed appreciation to Colby for service as the NPF’s board Chair (ending June 30, 2017).

VII. Other Business and Adjournment: Colby presented the approved FY18 Slate of Officers and welcomed Pete Redding to his new position as board Chair.

FY18 Approved Officers of the NPF Board of Directors
- Pete Redding, Chair
- Chip Newton, Chair-Elect
- Carol Ostrow, Vice-Chair
- Terri Theisen, Treasurer
- Ron Grau, Secretary

Pete presented Colby with an award of recognition and gift for his term as NPF Board Chair.

Meeting adjourned: 1:30pm

Future Meetings:
*August 4, 2017, Chicago, Swissotel
*October 21, 2017, 10am-4pm, Portland, Hotel Monaco
March 31, 2018/Chicago
June 23, 2018/DC
September 8, 2018/Dallas
November 10, 2018/Phoenix
*March 2, 2019/DC (AAD), The Willard
June 22, 2019/Portland
*Confirmed hotels
August 4, 2017 BOARD REPORT

The Outreach/Education department is steadily driving efforts to improve health outcomes through our educational events and programs.

Training & Outreach:

2017 National Volunteer Conference:
Youth & Teen Program Update
This year’s theme for the Youth & Teen Program is celebrating the Psuperhero that lives in all of us. Using a superhero theme, activities were designed to help a child or teen learn how to navigate the world around them while living with psoriatic disease. Key speakers include:

- Dr. Rachel Piszczor, a child psychologist, addressing feelings about living with psoriasis and/or psoriatic arthritis and how to positively counter bullying.
- Dr. Amy Paller, one of the country’s leading pediatric dermatologists, will meet with parents and youth about managing psoriatic disease.
- Dr. Nicole Ward, world renowned scientist, will talk with teens about the latest research and science behind psoriasis and psoriatic arthritis.
- PsOStrong Ambassadors – Jonathan Scott, Alisha Bridges, Howard Chang, Brenda Kong and Julie Cerrone will share their tips for living healthy with psoriatic disease and being stronger together.

Youth Activities are presented by:

Our Spot - Youth Webpage
A preview of “Our Spot” the Foundation’s relaunch of the youth website will appear at the National Volunteer Conference. This preview offers a look at the resources to come in the next few months. Our Spot will offer information, resources and interactive activities for kids 12 and under, teens and parents.

One to One Parents
To further support our families of children with psoriatic disease, we are onboarding 3 new parent volunteers for the One to One program. This will provide additional emotional support to parents and caregivers.

Be Joint Smart
The Foundation’s live patient education activity about psoriatic arthritis begins September 9th. Speakers include a dermatologist, rheumatologist, dietitian and physical therapist. Locations include: Sept. 9th – Houston and Redondo Beach/LA, Oct. 21st - Phoenix, Oct. 28th New York and San Francisco and Nov. 18th Atlanta. A series of three live webcasts begins November 28th.

UPCOMING WEBCASTS
www.psoriasis.org/webcasts

- August Psoriasis Flares
- September Clinical Trials
- October Ask a Doc

Our Nail Psoriasis webinar in June had over 180 live attendees

Comment from “Nail Psoriasis” webinar by Dr. Ronald Prussick
“The information re basic nail anatomy and the disease process (both psoriatic and fungal) was very valuable. Of equal worth was the description of the range of treatments. I particularly appreciated the information re alternative treatments as well as the mainstream prescription treatments. Excellent in all respects.”

August 4th, 2017
Contact Volume Update

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<th>Month</th>
<th>Total Patients Served</th>
<th>New Patients Served</th>
<th>Total Interactions</th>
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<tr>
<td>Feb. 2017</td>
<td>729</td>
<td>646</td>
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<tr>
<td>Mar. 2017</td>
<td>774</td>
<td>633</td>
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<tr>
<td>Apr. 2017</td>
<td>846</td>
<td>581</td>
<td>1,213</td>
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<td>May 2017</td>
<td>779</td>
<td>591</td>
<td>1,213</td>
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<tr>
<td>Jun. 2017</td>
<td>758</td>
<td>497</td>
<td>1,123</td>
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<tr>
<td>Totals:</td>
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<td>2,948</td>
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To date, the Patient Navigation Center has served 6,678 patients through 15,918 interactions since opening in February 2016. We are averaging more than 195% of last year’s monthly totals for both overall patients served as well as new patients served.

Planned Promotions

In conjunction with the Marketing & Communications department, the Patient Navigation Center is planning the following promotional sessions for the second half of the calendar year:

- **August 2017**
  - Psoriasis Action Month: “Set Goals, Take Control”
    - Resources include a journaling kit for participants to utilize as a psoriatic disease symptom tracker and interactive quizzes for patients to test their treatment knowledge and opt-in to work with a Patient Navigator.

- **September 2017**
  - Chronic Pain
    - Resources include a pain management diary, fact sheets about communicating with family and health care providers about chronic pain, and educational web content.

- **October 2017**
  - Patients seeing primary care providers
Resources include fact sheets on how to advocate for your care while seeing a PCP, and knowing when to ask for a referral to a specialist.

- Insurance/Open Enrollment Prep
  - Resources include updated fact sheets on Medicare and Marketplace open enrollment, as well as information on understanding insurance and coverage terminology. Participants will have the opportunity to schedule an informational session with a Patient Navigator for more in-depth information.

- November 2017
  - Family, Friends, and Caregivers
    - Resources include printed and online education content on how to support your loved ones with psoriatic disease.
  - Education about Open Enrollment
    - Resources include updated fact sheets on Medicare and Marketplace open enrollment, as well as information on understanding insurance and coverage terminology. Participants will have the opportunity to schedule an informational session with a Patient Navigator for more in-depth information.

- December 2017
  - Preparing for your Health Care Provider visits
    - Resources include fact sheets and online education content on developing a great relationship with your health care provider, making treatment decisions, and more.

Program Updates

The Patient Navigation Center recently welcomed Genevieve Rasmussen as our Patient Access and Education Intern. Genevieve is a recent public health graduate who is currently working on developing our database of health care provider referrals and is also researching and drafting templates on access to care and prescription drug assistance.

Secondly, with the help of the research department, the Patient Navigation Center is rolling out a more protracted schedule for gathering long-term data on program participants. This updated longitudinal survey design will allow us to collect more information about Navigation Center participants at 3 months, 6 months, and annually after first contacting the Navigation Center. The surveys focus on assessing interventions that are most impactful in getting patients on treatment and helping them become more satisfied and engaged with their health care.
Grants & Fellowships

We have awarded 18 new research grants in FY17:
- 7 Discovery Grants
- 2 Translational Research Grant
- 6 Early Career Research Grants
- 2 Bridge Grants
- 1 Public Health Challenge Grant

Grantees have been notified and contract negotiations are underway. Most projects will have started on August 1.

Niche Papers

Medical Board psoriasis niche papers currently in the works include:
- Inverse psoriasis - accepted
- Organ transplant recipients - submitted
- Inflammatory Bowel Disease – accepted
- Hypertension – submitted
- Palmoplantar psoriasis – undergoing revisions
- Pediatrics – in preparation
- Biosimilars – in preparation
- Psoriatic Arthritis – in preparation
- Diet – in planning

Scientific Meetings

2017 Research Symposium Happening now!

We expect 110 - 120 attendees to help guide the future of NPF research programs.

2017 Research Trainee Symposium

More than 20 early career researchers are expected at the 2nd annual Research Trainee Symposium (Oct. 11-12 in Portland). Six faculty have been confirmed to provide project and career guidance to attendees:

- Johann Gudjonsson, MD, PhD – chair
- David Norris, MD
- Spiro Getsios, PhD
- Nicole Ward, PhD
- April Armstrong, MD, MPH
- Ricardo Cibotti, PhD
- Recruitment still underway for a rheumatologist

Research Communication

The JPPA is being moved to a new publisher – SAGE Publishing. Winter 2018 will be the 1st issue with SAGE.

A new drug pipeline page is now up and running on the NPF website. An overhaul of all research-related portions of the website is underway and expected to launch by the end of summer.

Patient-Centered Research

The project to measure the validity of Citizen Pscientist data is currently under IRB review. Once IRB is in hand we will begin studying the validity of patient reported data in Citizen Pscientist.

We should know outcome of our application to PCORI to study home vs. office phototherapy any day now.

A clinical study exploring T2T is still in planning under the guidance of Wilson Liao and (now) April Armstrong.

The PCORI-funded Psoriatic Disease Research Ambassadors began on February 1 and the first cohort had their inaugural meeting yesterday (August 3).

A paper on 2015 and 2016 NPF Annual Survey data has been submitted to JPPA. Plans are also underway to publish a series of papers on data from all NPF Annual Surveys conducted between 2012 and 2017.
AUGUST 2017 BOARD REPORT

The summer of 2017 has been dominated in Washington, D.C. by talk of repealing and replacing the Affordable Care Act. Given the significant impact of insurance access on individuals having the ability to get and remain on treatment, the NPF has been closely involved in monitoring and weighing in on the progress of this effort.

The NPF has joined forces with other members of the National Health Council to educate individuals living with chronic disease about the impact these repeal and replace efforts would have on their ability to access care and to encourage them to weigh in with their members of congress on their concerns with these bills.

As reported to the Board in June, the House succeeded on May 4th in narrowly passing a repeal measure. Since then, Senate leadership has been working to build a Senate bill that will garner the necessary votes to pass. Much as with the process in the House, the Senate effort has been challenged by conservative and moderate members who have come out in opposition to the first draft measure as not enough of a rollback of the ACA or a loss of too many of the positive ACA provisions. With a tighter Republican-Democrat margin in the Senate, it has been more of a challenge for Senate leadership to find consensus.

The NPF Advocacy & GR staff – which includes the addition of a new federal team member with the June hire of Jessica Nagro – has been closely following this debate. The NPF supported patients and providers in speaking out on these issues through social media and direct messaging to our community. As with the House effort, we have created an action alert that would enable patients to contact their Senators on the bill.

NPF’s main concern with Better Care Reconciliation Act (the Senate bill), is the anticipated loss of coverage for millions of individuals.


Federal Step Therapy Bill

The NPF continues to play a role in the recently introduced Federal Step Therapy bill (HR 2077). This measure, introduced by Reps. Wenstrup (OH) and Ruiz (CA) would complement the Foundations state level efforts on step therapy. The NPF has formed an informal coalition to champion this measure and has an advocacy outreach strategy planned for August through the fall to encourage our community to reach out to their members with a request to co-sponsor the bill. Among the tactics we will deploy are action alerts, social media, and visits with members of congress during the August recess.

Planning underway for next year!

On July 26th the SAIM coalition will gather for our once a year in person meeting to plan for the next year of state sessions. As co-chair of the coalition, the NPF will be leading this discussion. This is an important half-day meeting for us to coordinate target states, develop work plan and plan for our success in 2017-2018 sessions!
NPF Advocacy & Government Relations ... By the Numbers!

National Psoriasis Foundation
State Legislative Victories and Number of Psoriatic Disease Health Outcomes Impacted

2,960,074 total number of individuals with psoriatic disease potentially benefiting from legislation

Advocacy Engagement Data

- 266 Webinar Views
- 68 Lobby Day Attendance
- 73 Action Network Leadership
- 800 New Twitter Followers
- 1,954 Letters Written
- 2,895 Total

*Kansas passed protections for Medicaid only
**Formula based on the prevalence of individuals living with psoriatic disease in the U.S. and U.S. Census Bureau data of state populations

22 Bills Passed:
- Step Therapy: 12
- BioSimilars: 9
- Out-of-Pocket: 1

32.5% of NPF's "Top Tweets" were from the advocacy department, with over 1,438 engagements
Corporate Relations

The Corporate Relations team ended FY17 with their most successful year to date, securing over $10.3 million in revenue to support Foundation programs and initiatives. The team is currently presenting each of the corporate partners with a 18 month prospectus, outlining potential asks and partnerships, as they start to plan their 2018 budgets.

In addition, we are currently working with several partners on clinical trial and patient ad board recruitments - including looking at women of child bearing age, pediatrics, and more.

Over the summer months several partners will be visiting the NPF to discuss current projects and planning for the upcoming year. Partners include: Leo, Strata, Sun, AbbVie, Celgene and Janssen

Two new therapies were recently approved in our space:

- **Orencia** - produced by Bristol-Meyers Squibb - is a product that has been on the market, recently and was approved for the treatment of Psoriatic Arthritis

- **Tremfya** - produced by Janssen - is the first in class IL-23 and was recently approved for the treatment of Psoriasis.

Corporate Roundtable

The annual corporate roundtable will take place during the Research Symposium on August 4th from 4:30-6:00pm. This annual event is a benefit of corporate membership and allows the partners to hear firsthand from providers and patients on a specific topic. This year will focus on Treat to Target and will feature a panel moderated by Dr. Abby Van Voorhees. Providers and patients will talk about how they have used the recommendations in their practice to reach their goals.

New Corporate partners

Over the last year, we have welcomed several new corporate partners as members. These companies include:

- Boehringer Ingelheim
- Bristol-Myers Squibb
- Dermira
- Strata
- Taro Pharma
- UCB

*Inspired by patients. Driven by science.*
Emily Boyd and Mike Siegel recently attended the annual BIO conference held in San Diego, Ca. This international conference brings together about 17,000 attendees from patient advocacy organizations, pharmaceutical companies and research and development companies. Staff met with a variety of companies who are looking to or have started exploring new treatments for psoriasis. Most companies that we met with are in the early stages of development and are focusing on topical treatments. We also attended several sessions looking at value frameworks, the role of the patient in research and clinical trials, and engaged with several current partners.

Seal of Recognition Program
We have recently accepted several new over the counter products into our Seal of Recognition program. These products include:

- **M&J SY Laboratory: SY Health Tea**— Usage: topical spray or bath usage
- **Hausbio: MetaDerm**:
- **Kao: Curel: HYDRA THERAPY WET SKIN MOISTURIZER:**

Gold Bond Ultimate Multi-Symptom psoriasis relief cream

Medical Programs
The Medical Programs department is half way through the slate of programs for the 2017 calendar year and work is underway to begin planning for 2018 programs. To date we have educated almost 200 allied health providers, 25 resident, fellow and early career providers and several hundred providers through grand round and our journal CME programs.

The programs we are planning to provide for 2018 include:
- Allied Health Psoriasis Recognition Program (APRep) - at least 4 locations
- Dermatology/Rheumatology Symposiums - offered in 2 locations
- Early Career Symposium - offered in 2-3 locations
- Residents Meeting
- Grand Rounds - expanding to 40 locations
- Journal CME
- Psoriatic Arthritis Program - new program offered in 3 locations

Grant applications will be submitted starting in late summer and early fall for these programs for 2018 funding.

Staff is also working through the various components that are required to be submitted as part of the re-accreditation process. This is a lengthy 12 month process that will include, review of past activity files, review of the entire CME program, interview about the program and approval by the Accreditation Council of CME Board of Directors. This decision will take place next spring.

Mentor Program
Applications are once again open for the NPF Mentor Program. This program pairs early career physicians with members of the NPF Medical Board and Emeritus Board for either in person clinical/research shadowing or distance relationships. A stipend is provided for those who qualify and are accepted into the in person shadowing mentorships.

AAD/ACR Guidelines
The core team has been working weekly on the NPF/ACR Psoriatic Arthritis Guidelines - making changes to the overall paper draft, supplemental tables and appendix. The NPF Medical Board will soon be reviewing the draft paper (along with the ACR Board of Directors). Any changes will be sent back to the core team shortly thereafter. The project is still on schedule with the goal to present the paper in a session at the ACR conference in November.

Work continues to progress as well on the NPF/AAD Psoriasis Guidelines. The work group met in June to discuss the first section: Photo/light therapy. The work group will next meet at the end of July in conjunction with the annual AAD conference to review the next section: Biologics and Systemics.

The Corrona Registry recently celebrated the enrollment of patient number 3000. The registry has a goal of enrolling 10,000 patients over the course of the next few years. Ongoing marketing and promotional efforts are underway to encourage patients to ask their doctor about being a part of the registry.

- New feasibility surveys - 6 (total 256)
- Executed contracts - 148 (+4)
- Sites approved to enroll - 129 (+1)
- Number of patients enrolled in EDC - 3002 (+87)
A large appeal went out in June to over 5000 lapsed members and contacts who have never been members with an opportunity to become a professional member. Staff is still contacting recently lapsed members about renewing their membership as well. At the March Medical Board meeting, the board asked that the NPF purchase exhibit booths at both the annual AAD and ACR conferences and suggested that they staff the booths and encourage colleagues to become professional members of the NPF. Plans are underway for the ACR conference in November and the AAD conference in February to make this happen!

Medical Board

With the addition of six new members to the medical board, each member was assigned new committee roles and responsibilities including; review of grant applications, leading CME initiatives, serving as an editor of the Advance magazine, reviewing patient materials and so on. The next Medical board meeting will take place on Saturday, August 5th from 12-3PM in conjunction with the National Volunteer Conference.

Upcoming Events

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<th>Date</th>
<th>Event</th>
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<tr>
<td>August 3-5, 2017</td>
<td>NPF Research Symposium</td>
<td>Chicago, IL</td>
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<td>August 9-12, 2017</td>
<td>Rheumatology Nurses Association (Exhibit)</td>
<td>Orlando, FL</td>
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<td>August 11, 2017</td>
<td>Early Career Symposium *in conjunction with the Washington Oregon Derm Society Meeting</td>
<td>Bend, Oregon</td>
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<td>Sept. 17, 2017</td>
<td>APReP *in conjunction with Maui-Derm</td>
<td>New Orleans, LA</td>
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<td>October 2017</td>
<td>Fall Clinical Dermatology (Exhibit)</td>
<td>Las Vegas, NV</td>
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<tr>
<td>October 14-15, 2017</td>
<td>Residents Meeting</td>
<td>Dallas, TX</td>
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<tr>
<td>October 19, 2017</td>
<td>Early Career Symposium *in conjunction with the Pennsylvania Dermatology Association</td>
<td>Hersey, PA</td>
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<tr>
<td>November 4, 2017</td>
<td>Dermatology/Rheumatology Symposium *in conjunction with the Southeastern Consortium</td>
<td>Augusta, Georgia</td>
</tr>
<tr>
<td>November 3-8, 2017</td>
<td>ACR Meeting (exhibit)</td>
<td>San Diego, CA</td>
</tr>
<tr>
<td>Nov 11, 2017</td>
<td>APReP *in conjunction with the Society of Dermatology PA</td>
<td>San Juan, Puerto Rico</td>
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Psoriasis Awareness Month is now Psoriasis ACTION Month

The National Psoriasis Foundation is celebrating 20 years of a month-long awareness campaign around psoriasis. This year, for the first time ever, we are re-branding Psoriasis Awareness Month and instead calling it Psoriasis Action Month. With the publication of our groundbreaking Treat to Target treatment recommendations for psoriasis, we are now—more than ever—focused on encouraging new and existing constituents to take action, to demand more from their treatment, and to live better, healthier lives. As such, we have developed a month-long campaign solely devoted to encouraging our patients to “set goals and take control!”

Background

During the month of August, NPF will be promoting Psoriasis Action Month, an action campaign that replaces Psoriasis Awareness month. This five week is campaign designed to help individuals living with psoriasis better treat and manage their disease by urging them to take action and develop an individual treatment strategy that achieves treatment targets as outlined in the Treat to Target paper issued in November 2016. Throughout the month, NPF will identify and promote innovative solutions to help individuals with psoriasis understand what Treat to Target is, how to implement it with their doctor, and how to track their progress.

Campaign Dates: Monday, July 31 – Saturday, September 2

Goals

- Increase awareness of Treat to Target as a major focus of the National Psoriasis Foundation during Psoriasis Action Month.
• Take control of your disease: take our interactive quiz and get a free journaling kit with a guide to help you use your journal as a symptom tracker. This will help you keep track of your symptoms and guide your conversation with your health care provider.

• Boost participation in the Patient Navigation Center among those living with psoriasis, encourage them to engage with their Health Care Provider

Metrics

• Number of people taking the main, interactive T2T quiz to receive a journaling kit/symptom tracker

• Number of people opting to be contacted by a Patient Navigator

• Number of people taking short T2T-themed quizzes to learn more about how to implement Treat to Target in their daily lives

• Total unique visitors, reach and number of people who engage on our digital content via landing page, online editorial content, email marketing & social media

Campaign components

There will be two primary components to the campaign:

• Beginning in July we will craft a small campaign for the under-treated to assist them in getting in touch with a Patient Navigator to learn about treatment options, get them in to see a specialist, and help them access care. See more in Patient Navigation Center section.

• During Psoriasis Action Month, we’ll engage those individuals as well as our existing community of patients. We will roll out the elements of the August campaign geared toward educating patients about Treat to Target and getting them to take action with their HCP.

Elements

Digital and Social Media

• Branded animated explainer video explaining the Treat to Target model for use on web with :15/:30 highlight videos created for social media use to drive traffic to the T2T landing page

• Interactive quiz that allows individuals to understand and take control of their disease with a journaling kit from the Patient Navigation Center, with a guide to help use their journal as a symptom tracker and resources to guide conversations with their health care providers

• Facebook Live interview with Howard Chang, dermatologist Dr. Maverakis and Michael Siegel.

• Facebook Live interview with Michael Siegel and T2T paper co-author April Armstrong

• Treat to Target landing page with call to action to take the Quiz/ Receive a custom toolkit

Public Relations

• July Press release outlining PsO Action Month theme and activities for the month, tentative release date: Wed. 7/19
- Treat 2 Target media campaign leveraging:
  - Howard Chang and Dr. Marverakis’s experience w/T2T strategy
  - April Armstrong/Mike Siegel T2T FB live interview on T2T strategy
  - Explainer video
  - Patient Navigation Center referral

Editorial

- Posting multimedia to Blog/Advance
  - FB Live: Mike Siegel + April Armstrong
  - FB Live: Howard Chang + Dr. Maverakis

- New online stories
  - How we transitioned from PsO awareness month to action month
  - Tips for setting your T2T goals (Steve +
  - How to talk to your doctor about T2T
  - Howard Chang’s T2T story
  - NVC and T2T session
  - The truth about side effects and biologics

- Navigation Center
  - How PNC helped patient TBD find a specialist
  - How PNC can help with T2T
  - What to do when your insurance doesn't cover your treatment

- Advocacy
  - How the step therapy bill in X state is actively helping patients with T2T
  - Choose the health insurance that's right for T2T

Sowing success at the
Patient Navigation Center

The Patient Navigation Center is on track to assist more new patients in the first 7 months of its second year than in its entire first year alone—and that’s on top of the existing patients the navigators are assisting (see graph next page).
Campaign recap: June and Men’s Health Month

June’s marketing promotion was focused on Men’s Health Month. Stories were shared on editorial, social and email platforms. Highlights included a bilingual patient story (written by a Cuban immigrant), a story about a mother/son and an email campaign with Matt’s story – urging men and those who care about men to take action by making sure they are seeing a psoriatic disease specialist. Since June 12, we’ve received 165 requests to help find a specialist, 40% were from men.
FY17 NUMBERS: $2.69 million, 37% increase over FY16

TeamNPF.org:
Sessions: -7%
93,668 (Current FY17); 100,177 (FY16);
74,600 (FY15); 60% new users in FY17

Conversation Rate: +.52%
7.48% (FY17); 6.96% (FY16); 5.8% (FY15)

Demographics:
62.77% W 37.33% M (FY17); 65.2% W 34.8% M (FY16)
69.1% W 30.9% M (FY15)

FY17 Donations: $929,142
FY16 Donations: $821,445
FY15 Donations: $650,127

Team NPF Cycle by the Numbers
FY17: Revenue: $510,131
Expenses: $248,286
Overall: Revenue: $1,468,237
Expenses: $483,968

Team NPF Run by the Numbers:
FY17: Revenue: $164,761
Expenses: $34,335

Team NPF Bingo by the Numbers:
FY17: Revenue: $185,919
Expenses: $51,250

Team NPF Walk by the Numbers:
FY17: Revenue: $873,315
Expenses: $230,392
50th Celebration by the Numbers:

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<table>
<thead>
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<tr>
<td>Board</td>
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Team NPF Schedule through 2017:

7/16/2017 Napa to Sonoma Half Marathon
8/6/2017 Team NPF Run in Chicago at NVC
8/19/2017 Super Run Michigan
8/24/2017 Team NPF Bingo in Denver
8/27/2017 Team NPF Run in Columbus
8/30/2017 Team NPF Bowl in Miami
9/3/2017 Oregon Wine Country Half Marathon
Fall TBD Team NPF Bingo in Seattle
9/9/2017 Team NPF Walk in Philadelphia
9/16/2017 Team NPF Walk in Los Angeles
9/16/2017 Team NPF Walk in San Francisco
9/16-17/2017 Rock 'n' Roll Series - Philadelphia
9/17/2017 Team NPF Walk in NYC
9/17/2017 Team NPF Walk in Chicago
9/30/2017 Team NPF Walk in Sacramento
10/5/2017 Team NPF Bingo in Indy
10/7-8/2017 Rock 'n' Roll Series – San Jose
10/8/2017 Bank of America Chicago Marathon
10/14/2017 Team NPF Walk in Houston
10/14/2017 Team NPF Walk in Tampa
10/14/2017 Rock 'n' Roll Series – Brooklyn
10/14-15/2017 Rock 'n' Roll Series – St. Louis
10/14-15/2017 Rock 'n' Roll Series – Denver
10/21/2017 Team NPF Walk in Atlanta
10/22/2017 Marine Corps Marathon
10/28/2017 Team NPF Walk in San Diego
10/28/2017 Team NPF Walk in Orange County
10/29/2017 Rock 'n' Roll Series – Los Angeles
11/4/2017 Team NPF Walk in Dallas/Fort Worth
11/4-5/2017 Rock 'n' Roll Series – Savannah
11/5/2017 New York City Marathon
11/11-12/2017 Rock 'n' Roll Series – Las Vegas
11/17/2017 Super Run Atlanta
12/2-3/2017 Rock 'n' Roll Series – San Antonio

Napa to Sonoma Wine Country Half Marathon: Tim & Bailey
**Major Giving**

- Three of the six recently approved Discovery Grants have been underwritten: Jin Mo Park, PhD, by The Ostrow Graff Family; Yun Liang, PhD, by The Bucks Creek Foundation; and Abby Van Voorhees, MD, by the NPF Board Chairmanship Discovery Grant, Funded by Friends of Colby Evans, M.D., Chair NPF Board of Directors. We also received individual gifts to support half of the funding of a fellowship at UCD and half of a Translational PsA project.

- Two communications were sent to major donors via email or regular mail (depending on their preference): Research Department updates which were put together specifically for this purpose and the Summer 2017 Journal of Psoriasis and Psoriatic Arthritis.

- We are following up with certain segments of the recipients of the special planned gift mailing to get their feedback and answer questions. The mailing was segmented based on age information and giving history that has been collected in the donor database. It is a personalized letter from a donor who has already included NPF in his estate plans along with a newly developed planned giving brochure.

**Ongoing Major Gift Work**

- Bi-weekly calls with Carol Ostrow to provide briefings on major gift activities and strategies for growing major gift revenue.
- Communication with major donors via email, mail and phone.
- Monthly calls with Mike Siegel to stay in the loop on Research Programs, grant-application details, and other research-related items that are of interest to major donors.
- Monthly Marketing/Communications calls with John Ogden.
- Monthly calls with Jeremy Hall to discuss strategies for enhancing and strengthening the working relationship with CDMs regarding major donor identification and cultivation.
- Calls to major donors as well as individual donors (gifts $250+) to thank them for their recent gifts.
Individual Giving/Annual Fund

Summer Appeal

This year’s summer appeal was mailed July 27th and the goal is to raise $40,000. The theme is the Patient Navigation Center and the appeal included an impactful story from Alyssa Higdon, a 26-year-old with a 2-year-old daughter, who was newly diagnosed with PsO and PsA in May 2017. Her story really shows how we help people get the resources we need and work with people throughout their psoriatic disease journey.

The letter also described how Patient Navigators have helped Alyssa.

We included two inserts – one was a Patient Navigation Center magnet with contact information, the other a card explaining how to participate in Psoriasis Action Month activities.

This project was a great collaboration with Kristina Wheelock from NPF’s Database Department, Patient Navigation Center staff and Marketing/Communications staff – their input and participation is greatly appreciated.

Charity Navigator 4 Star Rating

For the 5th consecutive year, NPF has received a 4 star rating from Charity Navigator.

Michael Thatcher, Charity Navigator’s President and CEO mentioned “We are proud to announce National Psoriasis Foundation has earned our fifth consecutive 4-star rating. This is our highest possible rating and indicates that your organization adheres to sector best practices and executes its mission in a financially efficient way. Attaining a 4-star rating verifies that National Psoriasis Foundation exceeds industry standards and outperforms most charities in your area of work. Only 8% of the charities we evaluate have received at least 5 consecutive 4-star evaluations, indicating that National Psoriasis Foundation outperforms most other charities in America. This exceptional designation from Charity Navigator sets National Psoriasis Foundation apart from its peers and demonstrates to the public its trustworthiness.”

Oh Pso Fun Box

In partnership with NPF’s Strategic Alliances and Medical Programs Department, in FY18 we will continue to send an offer to our lapsed individual members in an effort to increase individual membership. In addition to the $35 membership level, members will be offered a $120 level. If someone signs up for an annual individual membership at the $120 level, they will receive an Oh Pso Fun Box. The box includes NPF information as well as products from some of NPF’s Seal of Recognition partners. In FY17, we sent 60 boxes generating approximately $5,000 more revenue than we would have with only a $35 membership fee.

End of Year Appeal

We will begin working on the End of Year appeal in mid-August. Currently, Bridget and Jules are exploring challenge match opportunities for the appeal.

Challenge gifts are rewarding opportunities for the National Psoriasis Foundation (NPF) and its donors. These gifts energize and enhance annual fundraising campaigns and can significantly increase the chance to raise more money than would be possible otherwise. By building an incentive into the fundraising process, potential donors are encouraged to give or even increase their giving to NPF.

On average in comparing an NPF appeal that did not include a challenge match to one that did include a challenge match, the challenge match appeals raised 35% more in non-major-donor revenue.
WHO Psoriasis / NCD Update

World Health Assembly Side Event, May 2017:

During the 70th session of the World Health Assembly (WHA), IFPA and the Permanent Missions of the Argentine Republic, Ecuador, Panama, Qatar and the Philippines convened leaders in psoriasis and NCD advocacy, research, innovation and policy to underline the urgency for cross-sectoral action.

Included in the discussion was that psoriasis is a vital element of the global NCD response and what actions could be taken to support including psoriasis in the 2018 revision of the Global Action Plan for the Prevention and Control of NCDs. Presentations centered around why and how to drive a comprehensive response, and the roles different actors can play to improve the lives of the 125 million living with psoriasis worldwide.

The following are quotes from the Side Event attendees:

“The main goal for psoriasis advocacy efforts should be to have a more focused voice to policymakers. Look at how HIV advocacy progressed and changed policy – people with
HIV were the main force to drive down the price of medicines. The WHO stands committed to support and work with the psoriasis community on achieving the goals set out in the Global Report on Psoriasis.” ~ Dr. Cherian Varghese, Coordinator for Management of NCDs, WHO

“It is time to include psoriasis in the global response to NCDs. At the NCD Alliance, we are dedicated to working with IFPA and others to unite the NCD community in making NCD prevention and reduction a global priority. Psoriasis belongs in this movement.” ~ José Luís Castro, President, NCD Alliance

“It is imperative that the governments of the world support initiatives that sensitize people to psoriasis and promote awareness. In Panama, we support World Psoriasis Day in order to do more for those suffering from the disease.” ~ H.E. Miguel Mayo, Minister of Health, Ministry of Health, Panama

The purpose of the Side Event was to secure a place for Psoriasis in the global NCD Agenda and formally launch the Global Psoriasis Coalition – the new IFPA programme that unites diverse voices under the slogan “We are all in for 125 million”.

The Global Psoriasis Coalition promotes psoriasis on the international non-communicable disease (NCD) policy agenda. It unites representatives from medical societies, NGOs, the corporate sector, foundations and professional societies. By cooperating across borders, sectors and disease areas, the Global Psoriasis Coalition works to improve the lives of the 125 million

What is the goal of the Coalition?

The Global Psoriasis Coalition focuses the global health conversation on psoriasis. We believe psoriasis should be an essential item on the international NCD policy agenda and the Coalition seeks to empower individuals, creates partnerships, support the WHO’s work on psoriasis and promote policy interventions, such as:

- National psoriasis plans that are integrated into NCD prevention and control efforts;
- Early screening of psoriasis and its comorbidities;
- Integrating psoriasis into NCD healthcare services;
- Global awareness-raising initiatives to reduce stigma and discrimination.

Upcoming actions: Revision of WHO Global Action Plan
Policy-wise, the international community addresses the major NCDs like diabetes and heart disease, with the comprehensive WHO “Global Action Plan for the Prevention and Control of NCDs 2013-2020.” However, in the current version of the Global Action Plan, psoriasis is nowhere to be seen.

Psoriasis should be included in global and national NCD strategies not just because it affects over 125 million people worldwide. It should be included because having psoriasis strongly increases someone’s risk of developing other co-morbid NCDs. This in turn negatively affects their life quality and increases costs for health systems. To prevent and control NCDs, we should consider all NCDs – including psoriasis.

In 2018 and 2020, the WHO Global Action Plan will be revised. The Global Psoriasis Coalition will be advocating specifically to prioritize psoriasis during these revisions.

On the road to 2018, IFPA and the Global Psoriasis Coalition will continue their efforts to drive action on the national, regional and global stage, and will take steps aimed at successful participation at the WHO Global Conference on NCDs in October 2017 in Uruguay.

Regional Psoriasis Coalition: The Americas

To be the most effective and in line with the structure of the WHO, IFPA aims to be replicate the Global Psoriasis Coalition at regional levels. This is also motivated by the fact that is of importance to involve WHO’s regional offices.

The Latin American countries and IFPA ED Sophie Andersson met in Buenos Aires in April to discuss working together on the Coalition. Guest speaker Sebastián Laspiur, Consultor Nacional Enfermedades No Transmisibles from the WHO/OMS Office in Argentina, outlined the guidelines for the proposed action plan for the period 2013-2019 in line with the Pan American Health Organization (PAHO) Strategy for Prevention and Control of Non-communicable Diseases, 2012-2025, supported by the 2012 by the Pan American Sanitary Conference together with a regional framework for the prevention and control of Non-communicable diseases (NCDs). This plan proposes actions for the Pan American Sanitary Bureau (PASB) and Member States in relation to NCDs, taking into account regional and subregional initiatives, contexts and achievements, and following the chronology of the PAHO 2014 Strategic Plan -2019. At the same time, the plan is aligned with the Global Monitoring Framework and the World Health Organization (WHO) Global Plan of Action for the Prevention and Control of Non-communicable Diseases 2013-2020.

As the United States and Canada reside within the Americas/PAHO Region, it is important that both countries be included in this Regional Psoriasis Coalition. IFPA intends to hire a program officer to manage the work and to convene a meeting of stakeholders and interested parties in an Americas Psoriasis Coalition during the WHO Global Conference on NCDs mentioned above, with the intention of forming a steering committee to move the Coalition forward. KG will keep the NPF Board updated on the progress.
NCD Alliance and IFPA joint policy brief:
On May 24, 2017, the NCD Alliance together with IFPA published “Addressing NCDs: Psoriasis and its Co-morbidities.” This policy brief highlights psoriasis and that fact that people with psoriasis are at greater risk of developing co-morbid conditions, which are all NCDs, and looks at the compounded challenge of NCD Co-morbidities, suggesting key actions for decision-makers, NGO's and patients.


The theme of this year’s HLPF was "Eradicating poverty and promoting prosperity in a changing world" and included a review of Goal 3: Ensure healthy lives and promote well-being for all at all ages, which is of interest and KG attended July 11 & 12.

The session will provide a platform for a panel of experts from a range of sectors to present perspectives on challenges, opportunities and emerging issues relevant to SDG 3 implementation.

UN Psoriasis & Disability Update

Disability
12-14 July 2017, on behalf of IFPA, KG attended the 10th Session of the Conference of State Parties to the Convention on the Rights for Persons with Disabilities (CRPD) and the Civil Society CRPF Forum at the United Nations in New York. After an absence of two years from the Conference, we had to reacquaint ourselves with the ongoing dialogue and key players in the disability community. IFPA continues to see great opportunity in the disability movement for psoriatic disease awareness and action and plans to hire a part-time advocacy and policy officer to work on this issue.

Sustainable Development Goals / SDGs
The adoption of the 2030 Agenda for Sustainable Development (2030 Agenda) in September 2015 was a landmark for the Non-communiable disease / NCD community, as the 2030 Agenda included a standalone target on reducing premature mortality due to NCDs (Target 3.4). This was the first time NCDs were included in a global development framework with dedicated targets to measure progress, providing an important platform for the NCD community to further consolidate NCDs as a development issue.

It was decided that every July a UN Economic and Social Council / ECOSOC High-level Political Forum (HLPF) on sustainable development would convene at UN headquarters in New York, for delegates to meet and discuss progress towards and challenges in achieving the Sustainable Development Goals (SDGs). Member State representatives, UN agencies, inter-governmental organisations, NGOs, major groups and other stakeholders, and the media attend the HLPF.
On behalf of IFPA and with the support of the NPF, KG attended the UN High Level Political Forum July 11-12 with the purpose of gaining a deeper understanding about the evaluation of SDG3 / Goal 3 "Good Health and Well-being".

**Reflections:** What made a lasting impression was the fact that several speakers and delegates mentioned that the fault line between communicable and noncommunicable diseases is becoming blurred and outdated. Dying of either is a market failure due to the impossibly high cost of medicines and that R&D costs must be disconnect from the prices of drugs.

The majority of state delegates and other group statements did not mention NCDs at all during this discussion on SDG3, which shows the incredible burden of all aspects of a healthy population, from maternal health to lack of healthy foods. There was some talk on the need of mobile healthcare to reach remote areas and that there is a direct return on investment between education and health. The better educated, the greater the opportunity for good health. There is a 24% economic growth in Low-and-Middle-Income Countries (LMICs) due to investment in healthcare. The SDG NGO Major Group believes we are a long way from achieving SDG3 because of the lack of health information, diagnostics, access to quality and essential health services and treatment.

**IFPA Member Meeting, 17-18 June 2017, Brussels, Belgium**
On 17-18 June 2017, IFPA held its annual members meeting in the Belgian capital. The event was well-attended with the participation of more than 50 national and regional associations, IFPA Board and Secretariat, as well as IFPA’s partners.

IFPA reported on our activities of the past year, as well as discussed the preparations for the World Psoriasis and Psoriatic Arthritis Conference, June 27-30 2018. In addition, we held a grantwriting workshop, reported on IFPA’s regional development and new members and introduced new presidents of IFPA’s regional members, namely Paul Mendoza of PSORASIA, Gustavo di Genio of LATINAPSO, and Jan Koren of EUROPSO. During the first day, national associations had a chance to showcase the activities and achievements and share success stories with the IFPA family and network with other members. Randy gave an excellent presentation on the NPF’s Patient Navigation Center.

The second day of the members’ meeting focused on a capacity development session for member associations covering the subject of organisational development and discussed plans for World Psoriasis Day on 29 October 2017.

World Psoriasis Day 2017

The theme for World Psoriasis Day 2017 is “Psoriasis Inside Out” and it is all about showing all aspects of the disease and to give a face to pso/psa and to share stories. For that reason, IFPA and its members in 56 countries are organising awareness-raising and advocacy campaigns to improve access to treatment, increase understanding and build unity among the psoriasis community.

Key communications messages WPD 2017
PSOMANYSIDES
Psoriasis is so much more than psoriasis and psoriatic arthritis. In the spirit of the Global Psoriasis Coalition initiated by IFPA late 2016, let’s raise all the aspects of the disease (including NCDs comorbidities) this year!

PSOME
There is a person (not only a patient) living daily with pso/psa, facing challenges and suffering from the impacts of the disease. We want to showcase the stories of the persons living with pso/psa and let them describe how it impacts their daily life (sharing challenges as well as successes)
Noncommunicable diseases (NCDs) are now widely recognized as a major challenge to health and sustainable human development in the 21st century. NCDs are the leading cause of death and disability worldwide, responsible for 70% of global mortality¹, exacting a heavy and growing toll on the health and economic security of all countries. Notably, it is low- and middle-income countries (LMICs) and the poorest and most vulnerable populations which are hardest hit by these largely preventable diseases.

The primary focus of the global NCD response has been on four major diseases – namely cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases – and four risk factors – tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol – identified by the World Health Organization (WHO) and the UN as those responsible for the greatest burden. There is, however, a range of diseases and conditions - including mental and neurological disorders, autoimmune diseases such as psoriasis, bone and joint conditions such as osteoporosis and arthritis, and renal, oral, eye and ear diseases that are linked to the four most prominent NCDs. Driven by similar risk factors, together with demographic changes including rapid urbanisation and ageing populations, these diseases are closely interconnected. Often, two or more NCDs manifest in the same individual, referred to as ‘NCD co-morbidities’. NCD co-morbidities can occur because diseases share the same risk factors, or because some diseases predispose individuals to developing others. As a result, these conditions can benefit from a comprehensive and integrated response.
The Compounded Challenge of NCD Co-morbidities

NCD co-morbidities impose years of disability and compounded financial burden on those affected, their families, health systems, and national economies. While the prevalence of co-morbidities varies, it increases substantially with age in all countries, with higher rates in urban than rural areas\(^1\), and disproportionately affecting those who are poorest. Social-economic inequalities are exacerbated for people living with co-morbidities, with the most drastic implications for those living in developing countries enduring a double burden of NCDs and chronic infectious diseases. NCD co-morbidities are associated with greater healthcare utilisation and financial burden including, in most cases, higher out-of-pocket expenditures - often more than double for NCD co-morbidities than for a single NCD. Globally, health systems are ill-equipped to respond to the challenges posed by NCD co-morbidities. In the first instance, health systems have evolved to address acute issues, rather than to provide the continuous care required for chronic conditions, including NCDs. Furthermore, many health systems are configured to treat singular diseases in a siloed, vertical approach, which is inappropriate and ineffective for people living with NCD co-morbidities. Given the complexities involved in clinical management decisions, developing clinical practice guidelines on managing co-morbidities for primary care practitioners is vital. Stronger health systems underpinned by primary health care (PHC) are crucial to effectively manage NCDs. PHC is often the first gateway to health services for people with NCDs and plays a central coordinating role in the prevention, diagnosis and long-term management of chronic diseases. In order to address NCD co-morbidities, concerted efforts are needed not only for treatment of chronic diseases but also to reduce population risk factors for NCDs. This can be achieved through intersectoral health promotion and other primary and secondary prevention

Interconnected Diseases, Common Solutions

Since the UN Political Declaration on NCDs in 2011, governments have adopted a series of bold political commitments to guide the response and an ambitious global goal of achieving a 25% reduction in premature NCD mortality by 2025. However, progress to date has been insufficient and uneven. Of 174 countries featured in the 2015 WHO Progress Monitor on NCDs, only 29% have guidelines for the management of major NCDs, which is an essential first step towards provision of effective care. Even once this is achieved, there is an urgent need to move away from single-disease approaches, and to reorient health systems to integrate care packages across multiple chronic conditions, through a holistic person centred approach. Health services need to be reorganised to address populations’ needs holistically and effectively, and to make best use of resources, especially in settings where these are most limited. Within the broader context of universal health coverage (UHC), investment for health and adequate health insurance for all should be at the core of policies to promote better access to health services across populations and reduce out-of-pocket expenditures.

Psoriasis: A Noncommunicable Disease

Psoriasis is a severe chronic, noncommunicable, disabling, disfiguring and painful disease for which there is no cure. It affects over 125 million people around the world, or nearly 3% of the world’s population. Due to its complexity and impact, psoriasis is considered alongside other NCDs by WHO and reflected on when discussing the management of NCDs.4

People with psoriasis are at a greater risk of developing NCD co-morbidities, such as psoriatic arthritis (affecting around 30% of people with psoriasis5), diabetes, cardiovascular diseases, Crohn’s disease, depression, cancer, metabolic syndrome and more.

Global Policy Response

WHO Resolution on Psoriasis (WHA 67.9)6
In 2014, the advocacy on psoriasis, led by International Federation of Psoriasis Associations (IFPA), enabled achievement of a key milestone by having the WHO to adopt a Resolution on Psoriasis. The WHO and 194 Member States recognised psoriasis as a serious NCD. The Resolution encourages the Member States to take further advocacy actions on psoriasis, and fight stigmatization suffered by people with psoriasis. However, awareness about psoriasis, treatment, support and, in particular, equality of access to support and effective treatment remain to be critical areas of improvement.

WHO Global Report on Psoriasis7
The Global Report was adopted in 2016, as a direct follow up of the Resolution. The Report focuses on the public health impact of psoriasis and empowers decision makers and other stakeholders to take action on psoriasis.

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5 Psoriasis Media Kit, National Psoriasis Foundation (USA). Online: https://www.psoriasis.org/for-media/media-kit
4 As per WHO website – ‘Management of Non-Communicable Diseases’. Online: www.who.int/ncds/management/en/
Psoriasis is a skin disease
Symptoms of psoriasis are mostly visible on the skin; however, psoriasis is not only a skin condition.

Psoriasis is contagious
Psoriasis is highly visible, but not contagious
It is not transmittable to/from another person by touch or close contact.

Psoriasis is caused by poor hygiene
Psoriasis has nothing to do with poor hygiene
Among the factors that affect the onset of psoriasis are genetics, the immune system or external factors (stress, infection, skin injury, some medications etc.).

Psoriasis is easy to diagnose
Many conditions that affect the skin look alike
For example, early symptoms of psoriasis can look the same as eczema or atopic dermatitis. This sometimes hinders diagnosis.

Psoriasis only affects people physically
Aside from the physical burden, psoriasis brings a strong emotional, social and economic impact.

People with psoriasis often experience stigma, discrimination and exclusion

Psoriasis imposes low costs on people and society
Often, the economic impact of psoriasis increases with psoriasis severity. Severe psoriasis symptoms can force people to stay home from work or school. Also, medication for treating psoriasis can be expensive or not covered by health insurance, causing high out-of-pocket expenses for people with psoriasis.

Psoriasis treatments can both require a lot effort and be time consuming
Psoriasis Co-morbidities – High on the NCD Agenda

People with psoriasis are at greater risk of developing co-morbid conditions. What is notable about psoriasis co-morbidities is that all are NCDs. Psoriasis also shares the same risk factors - tobacco use, unhealthy diet, physical inactivity, and harmful use of alcohol – as other NCDs.

Diabetes and cardiovascular diseases are among the most severe psoriasis co-morbidities. At the same time, **diabetes** and **cardiovascular diseases** are two out of the four ‘main NCDs’ listed in the Global Action Plan for the Prevention and Control of NCDs (2013-2020), together with cancer and chronic respiratory diseases.

Due to the risk of co-morbidities, it is essential that psoriasis is addressed early, closely, holistically and efficiently. Below are examples on the connection between psoriasis and diabetes and cardiovascular disease, but the list is not exhaustive.

**Psoriasis and DIABETES**

People with **SEVERE PSORIASIS** face a 46% higher risk of **DEVELOPING TYPE 2 DIABETES**.

Because of this, it is recommended that people with psoriasis be screened regularly for diabetes, especially if their psoriasis is severe.

**Psoriasis and CARDIOVASCULAR DISEASES**

People with **SEVERE PSORIASIS** are 58% more likely to have a **MAJOR CARDIAC EVENT**.

Treating the disease, regular screening and good lifestyle choices are prerequisites to reduce the risk of heart attack.

Recent research also reflects on the connection between psoriasis and cancer and psoriasis and chronic respiratory diseases. Studies are showing an increased risk among people with psoriasis for developing certain types of cancer (lung cancer, lymphoma and non-melanoma skin cancer) as well as increased risk for developing chronic obstructive pulmonary disease (COPD).

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Global Policy Response

The burden of NCDs represents a global challenge. Recognising that need, the United Nations convened the first UN High-Level Summit on NCDs, which resulted in a political declaration and a set of commitments. This was followed by a UN Review in 2014, to evaluate progress and identify gaps. The next report on the progress is expected in 2017 and the next UN High Level NCD Review is set for 2018.

To assist this work, a Global Action Plan for the Prevention and Control of NCDs (2013-2020) was adopted. The Action Plan focuses on four types of NCDs – diabetes, cardiovascular diseases, cancer and chronic respiratory diseases. These four types of NCDs make up the largest share of morbidity and mortality. The Plan also focuses on shared common risk factors – tobacco use, physical inactivity, unhealthy diet and harmful use of alcohol.
How Taking Action now makes a difference in 2018 and 2020

The forthcoming 2018 UN High Level NCD Review and Assessment provides an opportunity to explore new avenues which will bring us closer to achieving the targets set in the Global Action Plan for the Prevention and Control of NCDs (2013-2020).

The review will bring an additional political incitement for Member States to implement national action plans on psoriasis and propose psoriasis guidelines. Given the connection between psoriasis and other NCD co-morbidities, taking structured action on psoriasis is beneficial for the Member States’ national NCD agendas.

Taking action on psoriasis is one of those avenues

Subject to the submission of additional evidence, a future update of Appendix III of the WHO Global NCD Action Plan could provide an opportunity to include early screening of psoriasis patients for diabetes and cardiovascular disease as a cost-effective intervention. A recent Social Return on Investment (SROI) study from Spain13 reveals that each euro invested in the ideal psoriasis management could yield a total social return of 5.04 EUR; 6.90EUR in diagnosis, 15.81 EUR in mild psoriasis, 1.95 EUR in moderate psoriasis and 2.05 EUR in severe psoriasis.

Taking action on psoriasis, globally, nationally and locally, is a cost-effective solution and a step in the right direction towards making health systems sustainable

Why Action on Psoriasis is a Cost-Effective Solution

1 There is a CONNECTION between psoriasis and diabetes and psoriasis and cardiovascular diseases.

2 Early DIAGNOSIS of diabetes and cardiovascular diseases is beneficial for reducing their severity and the general NCD burden.

3 MEDICAL PROFESSIONALS who are able to perform early screening for psoriasis patients are inclined to screen for diabetes and cardiovascular diseases, thus going one step closer to early diagnosis of both psoriasis and its co-morbidities.

4 FINANCING NCDs is one of the biggest challenges in moving forward to reducing their burden. Sustainable financing for NCDs is therefore a key priority for enabling a long term and integrated response to addressing psoriasis and other NCDs.

Global Policy Response

The Global Psoriasis Coalition was set up as an outcome of the recommendations in the WHO Global Report on Psoriasis. The overarching objective of the Coalition is to promote psoriasis in the NCD policy agenda 2018-2020, through research, policy, communication and advocacy.

The Coalition is open to non-governmental organisations, professional societies, foundations, institutions, corporate partners and other relevant actors.

To join the cause and read more information about the Coalition, visit www.ifpa-pso.com
KEY FACTS

NCDs are responsible for 70% of global mortality.

Early screening of psoriasis patients could help in the early detection of diabetes and cardiovascular diseases and has the potential to reduce the burden of NCDs.

Each euro invested in the ideal psoriasis management could yield a total social return of 5.04 €.

Psoriasis is an NCD that affects 125 million people around the world.

Psoriatic arthritis affects around 30% of people living with psoriasis.

People with severe psoriasis face 46% higher chances of developing diabetes.

People with severe psoriasis are 58% more likely to have a serious cardiac event.
FOR NGOs

AT NATIONAL LEVEL, take part in joint initiatives on NCDs and raise the profile of psoriasis to your country’s decision makers

AT REGIONAL LEVEL, approach WHO Regional Offices for the possibility to organise side events or other actions to raise the level of understanding about psoriasis

AT GLOBAL LEVEL, follow the developments around the global NCD agenda and be an active voice on NCDs and psoriasis

AT ALL LEVELS, work towards achieving behavior change among stakeholders regarding psoriasis and its importance in addressing the burden of NCDs

FOR PATIENTS/INDIVIDUALS

CONTACT local psoriasis patient organisation to obtain information regarding possibilities for involvement, community support and activism

BECOME AN ADVOCATE for psoriasis and NCDs in your country

MOTIVATE behavior change in your community

SEEK SUPPORT, INFORMATION AND TREATMENT OF PSORIASIS

FOR DECISION MAKERS

IMPLEMENT the recommendations stated in the WHO Resolution on Psoriasis (WHA 67.9), WHO Global Report on Psoriasis and WHO Global Action Plan on NCDs

CREATE national guidelines / psoriasis action plans and reflect the needs of people with psoriasis in the discussions at global level

DEVOTE resources to support early screening of psoriasis patients within your country’s health systems

TAKE ACTION on World Psoriasis Day (WPD) and take steps to promote WPD in international dialogue
NCD Alliance is a unique civil society network, uniting 2,000 organisations in more than 170 countries, dedicated to improving NCD prevention and control worldwide.

Today, our network includes national and regional NCD alliances, member associations of our seven steering group members, joined with global and national civil society organisations (CSOs), scientific and professional associations, academic and research institutions, and dedicated individuals. We have a diverse supporter base, including the International Federation of Psoriasis Associations. Together with strategic partners, including the WHO, the United Nations (UN) and governments, NCD Alliance works on a global, regional and national level to bring a united civil society voice to the global campaign on NCDs.

IFPA is a non-profit umbrella organisation based in Stockholm, Sweden, gathering 56 national and regional psoriasis associations from all over the world.

For the past 45 years, IFPA has continuously sought to resolve the challenges facing the international psoriasis community.

In recent years, IFPA has seen some of the most inspiring developments ever in the history of psoriasis advocacy. A milestone in IFPA’s advocacy work was the adoption of the WHO Psoriasis Resolution in 2014 (which officially recognised psoriasis as a chronic, noncommunicable, painful, disfiguring, and disabling disease for which there is no cure) and the publication of the WHO Global Report on Psoriasis in February 2016.

To keep up this advocacy momentum, and to answer to the developments with the global NCD agenda, IFPA recently launched the Global Psoriasis Coalition.

www.ncdalliance.org

www.ifpa-pso.com
II. Treasurer’s Report
# National Psoriasis Foundation

**FINANCIAL SUMMARY**

For the fiscal year ended June 30, 2017 - NOT FINAL

<table>
<thead>
<tr>
<th>Gifts &amp; Revenue</th>
<th>YTD Actual</th>
<th>% of Annual Goal</th>
<th>YTD Budget</th>
<th>YTD - Over (Under) Budget</th>
<th>FY2016 Budget</th>
<th>Balance in Budget</th>
<th>Prior YTD Actual</th>
<th>Prior Year Annual</th>
<th>Current YTD vs. Prior YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual giving</td>
<td>822,441</td>
<td>67%</td>
<td>1,220,000</td>
<td>(397,559)</td>
<td>1,220,000</td>
<td>397,559</td>
<td>865,594</td>
<td>865,594</td>
<td>(43,153)</td>
</tr>
<tr>
<td>Major gifts</td>
<td>1,963,786</td>
<td>164%</td>
<td>1,200,000</td>
<td>763,786</td>
<td>1,200,000</td>
<td>(763,786)</td>
<td>777,799</td>
<td>777,799</td>
<td>1,185,987</td>
</tr>
<tr>
<td>Bequests - excess of $100k to Endowment Fund</td>
<td>20,526</td>
<td>21%</td>
<td>100,000</td>
<td>(79,474)</td>
<td>100,000</td>
<td>79,474</td>
<td>100,000</td>
<td>100,000</td>
<td>(79,474)</td>
</tr>
<tr>
<td>Walks</td>
<td>873,315</td>
<td>71%</td>
<td>1,225,000</td>
<td>(351,685)</td>
<td>1,225,000</td>
<td>351,685</td>
<td>1,000,959</td>
<td>1,000,959</td>
<td>(127,644)</td>
</tr>
<tr>
<td>Special Events</td>
<td>1,816,540</td>
<td>140%</td>
<td>1,295,000</td>
<td>521,540</td>
<td>1,295,000</td>
<td>(521,540)</td>
<td>964,149</td>
<td>964,149</td>
<td>852,391</td>
</tr>
<tr>
<td>Corporate partnerships</td>
<td>6,681,037</td>
<td>108%</td>
<td>6,210,000</td>
<td>471,037</td>
<td>6,210,000</td>
<td>(471,037)</td>
<td>4,335,831</td>
<td>4,335,831</td>
<td>2,345,206</td>
</tr>
<tr>
<td>Other &amp; transactional campaigns</td>
<td>1,602,515</td>
<td>103%</td>
<td>1,550,000</td>
<td>52,515</td>
<td>1,550,000</td>
<td>(52,515)</td>
<td>1,242,858</td>
<td>1,242,858</td>
<td>359,657</td>
</tr>
<tr>
<td>Advertising</td>
<td>566,498</td>
<td>81%</td>
<td>700,000</td>
<td>(133,502)</td>
<td>700,000</td>
<td>133,502</td>
<td>542,092</td>
<td>542,092</td>
<td>24,406</td>
</tr>
<tr>
<td><strong>Total revenue</strong></td>
<td><strong>14,346,658</strong></td>
<td><strong>106%</strong></td>
<td><strong>13,500,000</strong></td>
<td><strong>846,658</strong></td>
<td><strong>13,500,000</strong></td>
<td><strong>(846,658)</strong></td>
<td><strong>9,829,282</strong></td>
<td><strong>9,829,282</strong></td>
<td><strong>4,517,376</strong></td>
</tr>
</tbody>
</table>

| Expenses        | 12,921,100 | 96%           | 13,474,897 | (553,797)                  | 13,474,897    | 553,797           | 11,465,925       | 11,465,925         | 1,455,175             |

| Increase (Decrease) before investment gain/loss | 1,425,558 | 25,103 | 1,400,455 | 25,103 | (1,636,643) | (1,636,643) | 3,062,201 |
| Unrealized gain (loss) on investments | 214,376 | - | 214,376 | - | (92,613) | (92,613) | 306,989 |
| Bequest revenue - Endowment Fund | - | - | - | - | 23,940 | 23,940 | (23,940) |

| **Net Increase (Decrease)** | **1,639,934** | **25,103** | **1,614,831** | **25,103** | **(1,705,316)** | **(1,705,316)** | **3,345,250** |

---

**Detail of accounts receivable**

| Individual Pledges | $848,076 | | | | | | | | | |
| Events - CTC Galas, Walk, Cycling | 128,060 | | | | | | | | | |
| President Council pledges | 44,250 | | | | | | | | | |
| Corporate/Advertising | 1,533,342 | | | | | | | | | |
| Allowance for doubtful accounts | (17,311) | | | | | | | | | |
| **Total accounts receivable** | **$2,536,417** | | | | | | | | | |

**US Bank Investment Account**

| Balance 7/1/16 | $3,347,677 | | | | | | | | | |
| Additions | 742,493 | | | | | | | | | |
| Interest/Dividends to Date | 62,020 | | | | | | | | | |
| Unrealized Gain/(Loss) | 214,376 | | | | | | | | | |
| Transfer in | 1,500,000 | | | | | | | | | |
| Transfer out | (1,500,000) | | | | | | | | | |
| Investment Fees | (33,517) | | | | | | | | | |
| **Ending Balance @ 6/30/17** | **$4,333,049** | | | | | | | | | |

| Total checking account balance 6/30/17 | $1,950,925 | | | | | | | | | |

| Total cash accounts 6/30/17 | $6,283,974 | | | | | | | | | |
# National Psoriasis Foundation
## Combined Summary - Budget vs. Actual
### For the fiscal year ended June 30, 2017  NOT FINAL

**MTD Actual 6/30/2017** | **YTD Actual** | **YTD Budget** | **(Under) Over Budget** | **Year End Forecast as of 3/31/17** | **Annual Budget FY2016-17** | **Prior MTD** | **Prior YTD** | **Change** | **Prior Annual**
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---

**REVENUES:**

- **Annual giving**
  - 6/30/2017: 45,093
  - 1,220,000
- **Major gifts**
  - 6/30/2017: 59,745
  - 1,200,000
- **Legacies & bequests**
  - 6/30/2017: 18,819
  - 1,225,000
- **Walks**
  - 6/30/2017: 236,329
  - 1,295,000
- **Special events**
  - 6/30/2017: 199,785
  - 1,210,000
- **Corporate partnerships**
  - 6/30/2017: 199,785
  - 1,550,000
- **Transaction campaigns & other**
  - 6/30/2017: 18,958
  - 700,000
- **Advertising revenue**
  - 6/30/2017: 18,958
  - 566,498

**TOTAL REVENUES** | 788,349 | 14,346,657 | 13,500,000 | 846,657 | 13,750,000 | 813,932 | 9,829,281 | 4,517,376 | 9,829,281

**EXPENSES:**

- **Salaries, Benefits & Taxes**
  - 6/30/2017: 61,993
  - 888,814
- **Education and outreach**
  - 6/30/2017: 43,929
  - 968,805
- **Prof. education & outreach**
  - 6/30/2017: 18,103
  - 257,150
- **Public awareness**
  - 6/30/2017: 46,582
  - 370,500
- **Advocacy/Gov't relations**
  - 6/30/2017: 2,007,742
  - 3,023,800
- **Research**
  - 6/30/2017: 132,318
  - 1,148,287
- **Management & general**
  - 6/30/2017: 201,344
  - 1,199,862
- **Development**
  - 6/30/2017: (44,086)
  - 68,500
- **Equipment and software**
  - 6/30/2017: 3,002,241
  - 12,921,100

**TOTAL EXPENSES** | 3,002,241 | 12,921,100 | 13,474,897 | (553,797) | 12,984,115 | 13,474,897 | 1,727,900 | 11,465,925 | 1,455,175 | 11,465,925

**NET BEFORE OTHER** | (2,213,891) | 1,425,557 | 25,103 | 1,400,455 | 765,885 | 25,103 | (913,967) | (1,636,644) | 3,062,201 | (1,636,644)

- **Investment unrealized gain (loss)**
  - 6/30/2017: 9,684
  - 214,376
- **Bequest revenue - Endowment**
  - 6/30/2017: 0
  - 0

**NET SURPLUS/(DEFICIT)** | (2,204,208) | 1,639,934 | 25,103 | 1,614,831 | 765,885 | 25,103 | (896,607) | (1,705,317) | 3,345,251 | (1,705,317)

**Mission:** To drive efforts to cure psoriatic disease and improve the lives of those affected.

UNAUDITED - For Internal Use Only
# National Psoriasis Foundation
## Expense Summary - Budget vs. Actual
For the fiscal year ended June 30, 2017 NOT FINAL

### EXPENSES

<table>
<thead>
<tr>
<th></th>
<th>MTD Actual</th>
<th>YTD Actual</th>
<th>YTD Budget</th>
<th>(Under) Over Budget</th>
<th>Year end forecast as of 3/31/17</th>
<th>Annual Budget</th>
<th>Prior YTD</th>
<th>Change</th>
<th>Prior Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries &amp; Benefits</td>
<td>$534,397</td>
<td>$5,673,579</td>
<td>$5,552,480</td>
<td>$121,099</td>
<td>$5,402,380</td>
<td>$5,552,480</td>
<td>$4,978,955</td>
<td>$694,624</td>
<td>$4,978,955</td>
</tr>
<tr>
<td>Awards, Grants &amp; Recognition</td>
<td>$1,988,823</td>
<td>$2,672,023</td>
<td>$2,620,505</td>
<td>$51,518</td>
<td>$2,365,505</td>
<td>$2,620,505</td>
<td>$1,496,576</td>
<td>$1,175,447</td>
<td>$1,496,576</td>
</tr>
<tr>
<td>Printing, Postage &amp; Handling</td>
<td>$110,188</td>
<td>$580,353</td>
<td>$640,317</td>
<td>($59,964)</td>
<td>$478,130</td>
<td>$640,317</td>
<td>$448,806</td>
<td>$131,547</td>
<td>$448,806</td>
</tr>
<tr>
<td>Professional Services</td>
<td>$167,242</td>
<td>$1,421,646</td>
<td>$1,736,662</td>
<td>($315,016)</td>
<td>$1,923,091</td>
<td>$1,736,662</td>
<td>$1,361,962</td>
<td>$59,684</td>
<td>$1,361,962</td>
</tr>
<tr>
<td>Travel &amp; Meetings</td>
<td>$104,755</td>
<td>$1,471,785</td>
<td>$1,650,082</td>
<td>($178,298)</td>
<td>$1,570,621</td>
<td>$1,650,082</td>
<td>$1,888,778</td>
<td>($416,994)</td>
<td>$1,888,778</td>
</tr>
<tr>
<td>Other Expenses</td>
<td>$140,921</td>
<td>$1,101,715</td>
<td>$1,206,351</td>
<td>($104,636)</td>
<td>$1,180,888</td>
<td>$1,206,351</td>
<td>$1,290,848</td>
<td>($189,133)</td>
<td>$1,290,848</td>
</tr>
<tr>
<td>Equipment and software</td>
<td>($44,086)</td>
<td>$0</td>
<td>$68,500</td>
<td>($68,500)</td>
<td>$63,500</td>
<td>$68,500</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td><strong>$3,002,241</strong></td>
<td><strong>$12,921,100</strong></td>
<td><strong>$13,474,897</strong></td>
<td><strong>($553,797)</strong></td>
<td><strong>$12,984,115</strong></td>
<td><strong>$13,474,897</strong></td>
<td><strong>$11,465,925</strong></td>
<td><strong>$1,455,175</strong></td>
<td><strong>$11,465,925</strong></td>
</tr>
</tbody>
</table>
# National Psoriasis Foundation

## Statement of Financial Position (Balance Sheet)

### ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>6/30/2017</th>
<th>6/30/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash Accounts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash Unrestricted (General)</td>
<td>($3,136,526)</td>
<td>($3,787,304)</td>
</tr>
<tr>
<td>Cash Unrestricted (Board Designated Reserve)</td>
<td>$1,600,000</td>
<td>$1,600,000</td>
</tr>
<tr>
<td>Cash, Unrestricted (Endowment)</td>
<td>$5,576,027</td>
<td>$5,320,922</td>
</tr>
<tr>
<td>Cash, Temporarily Restricted</td>
<td>$2,355,845</td>
<td>$895,210</td>
</tr>
<tr>
<td><strong>Total Cash Accounts</strong></td>
<td><strong>$6,395,347</strong></td>
<td><strong>$4,028,828</strong></td>
</tr>
<tr>
<td>Accounts Receivable</td>
<td>$2,536,417</td>
<td>$2,095,161</td>
</tr>
<tr>
<td>Prepaid Expenses</td>
<td>$384,405</td>
<td>$248,674</td>
</tr>
<tr>
<td>Security Deposits</td>
<td>$319,011</td>
<td>$310,911</td>
</tr>
<tr>
<td>Furniture &amp; Equipment (net of accum depr)</td>
<td>$132,336</td>
<td>$143,025</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$3,084,249</strong></td>
<td><strong>$2,517,950</strong></td>
</tr>
</tbody>
</table>

### LIABILITIES & NET ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>6/30/2017</th>
<th>6/30/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>$2,024,157</td>
<td>$862,608</td>
</tr>
<tr>
<td>Accrued Payroll And Taxes</td>
<td>$210,563</td>
<td>$160,168</td>
</tr>
<tr>
<td>Accrued Pto</td>
<td>$256,251</td>
<td>$214,097</td>
</tr>
<tr>
<td>Deferred Liabilities</td>
<td>$170,094</td>
<td>$131,307</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>$2,661,065</strong></td>
<td><strong>$1,368,181</strong></td>
</tr>
</tbody>
</table>

### Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>6/30/2017</th>
<th>6/30/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted</td>
<td>($2,538,949)</td>
<td>($2,515,766)</td>
</tr>
<tr>
<td>Board Designated Funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Board Designated Reserve</td>
<td>$1,600,000</td>
<td>$1,600,000</td>
</tr>
<tr>
<td>Endowment Fund</td>
<td>$5,576,027</td>
<td>$5,335,395</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$7,176,027</strong></td>
<td><strong>$6,935,395</strong></td>
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</tbody>
</table>

### Temporarily Restricted Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>6/30/2017</th>
<th>6/30/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Fund</td>
<td>$2,181,453</td>
<td>$758,968</td>
</tr>
<tr>
<td>Other Temporarily Restricted Net Assets</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$2,181,453</strong></td>
<td><strong>$758,968</strong></td>
</tr>
</tbody>
</table>

### Total Net Assets

<table>
<thead>
<tr>
<th>Description</th>
<th>6/30/2017</th>
<th>6/30/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Net Assets</strong></td>
<td><strong>$6,818,531</strong></td>
<td><strong>$5,178,597</strong></td>
</tr>
</tbody>
</table>

### TOTAL LIABILITIES AND NET ASSETS

<table>
<thead>
<tr>
<th>Description</th>
<th>6/30/2017</th>
<th>6/30/2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL LIABILITIES AND NET ASSETS</strong></td>
<td><strong>$9,479,596</strong></td>
<td><strong>$6,546,778</strong></td>
</tr>
</tbody>
</table>
## National Psoriasis Foundation
### Cash Forecast FY June 30, 2017
Includes investment account

<table>
<thead>
<tr>
<th></th>
<th>Actual July-16</th>
<th>Actual August-16</th>
<th>Actual September-16</th>
<th>Actual October-16</th>
<th>Actual November-16</th>
<th>Actual December-16</th>
<th>Actual January-17</th>
<th>Actual February-17</th>
<th>Actual March-17</th>
<th>Actual April-17</th>
<th>Actual May-17</th>
<th>Actual June-17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beginning Cash</strong></td>
<td>4,028,827</td>
<td>3,415,397</td>
<td>3,614,820</td>
<td>3,856,002</td>
<td>4,636,187</td>
<td>5,182,164</td>
<td>5,435,040</td>
<td>5,963,126</td>
<td>6,450,163</td>
<td>6,545,783</td>
<td>7,708,784</td>
<td>7,651,447</td>
</tr>
<tr>
<td><strong>Revenue</strong></td>
<td>241,446</td>
<td>1,076,226</td>
<td>1,405,870</td>
<td>1,770,591</td>
<td>1,356,135</td>
<td>1,168,753</td>
<td>1,372,044</td>
<td>1,216,624</td>
<td>1,122,759</td>
<td>1,871,774</td>
<td>933,336</td>
<td>788,349</td>
</tr>
<tr>
<td><strong>Expense</strong></td>
<td>(854,876)</td>
<td>(876,803)</td>
<td>(1,164,688)</td>
<td>(990,406)</td>
<td>(810,158)</td>
<td>(915,877)</td>
<td>(843,958)</td>
<td>(729,587)</td>
<td>(1,027,139)</td>
<td>(708,773)</td>
<td>(990,673)</td>
<td>(3,002,241)</td>
</tr>
<tr>
<td><strong>Net Monthly Cash Flow</strong></td>
<td>(613,430)</td>
<td>199,423</td>
<td>241,182</td>
<td>780,185</td>
<td>545,977</td>
<td>252,876</td>
<td>528,086</td>
<td>487,037</td>
<td>95,620</td>
<td>1,163,001</td>
<td>(57,337)</td>
<td>(2,213,892)</td>
</tr>
<tr>
<td><strong>Ending Cash</strong></td>
<td>3,415,397</td>
<td>3,614,820</td>
<td>3,856,002</td>
<td>4,636,187</td>
<td>5,182,164</td>
<td>5,435,040</td>
<td>5,963,126</td>
<td>6,450,163</td>
<td>6,545,783</td>
<td>7,708,784</td>
<td>7,651,447</td>
<td>5,437,555</td>
</tr>
</tbody>
</table>

Adjust forecast for:
- Unrealized investment earnings
- Timing differences

### Checking Account

<table>
<thead>
<tr>
<th></th>
<th>Actual July</th>
<th>Actual Aug</th>
<th>Actual Sept</th>
<th>Actual Oct</th>
<th>Actual Nov</th>
<th>Actual Dec</th>
<th>Actual Jan</th>
<th>Actual Feb</th>
<th>Actual Mar</th>
<th>Actual Apr</th>
<th>Actual May</th>
<th>Actual June</th>
<th>Forecast June</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beginning Cash</strong></td>
<td>681,150</td>
<td>67,720</td>
<td>767,143</td>
<td>1,008,325</td>
<td>1,788,510</td>
<td>2,634,487</td>
<td>3,587,363</td>
<td>4,115,449</td>
<td>3,602,486</td>
<td>3,198,106</td>
<td>4,361,107</td>
<td>4,303,770</td>
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</tr>
<tr>
<td><strong>Revenue</strong></td>
<td>241,446</td>
<td>1,076,226</td>
<td>1,405,870</td>
<td>1,770,591</td>
<td>1,356,135</td>
<td>1,168,753</td>
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<td>1,871,774</td>
<td>933,336</td>
<td>788,349</td>
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<tr>
<td><strong>Savings transfer</strong></td>
<td>500,000</td>
<td>500,000</td>
<td>700,000</td>
<td>700,000</td>
<td>700,000</td>
<td>700,000</td>
<td>700,000</td>
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<td>700,000</td>
<td>700,000</td>
<td>700,000</td>
<td></td>
</tr>
<tr>
<td><strong>Expense</strong></td>
<td>(854,876)</td>
<td>(876,803)</td>
<td>(1,164,688)</td>
<td>(990,406)</td>
<td>(810,158)</td>
<td>(915,877)</td>
<td>(843,958)</td>
<td>(729,587)</td>
<td>(1,027,139)</td>
<td>(708,773)</td>
<td>(990,673)</td>
<td>(3,002,241)</td>
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<td><strong>Net Monthly Cash Flow</strong></td>
<td>(613,430)</td>
<td>699,423</td>
<td>241,182</td>
<td>780,185</td>
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<td>952,876</td>
<td>528,086</td>
<td>(512,963)</td>
<td>(404,380)</td>
<td>1,163,001</td>
<td>(57,337)</td>
<td>(2,213,892)</td>
<td></td>
</tr>
<tr>
<td><strong>Ending Cash</strong></td>
<td>67,720</td>
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<td>3,198,106</td>
<td>4,361,107</td>
<td>4,303,770</td>
<td>2,089,878</td>
<td></td>
</tr>
</tbody>
</table>

Adjust forecast for:
- Unrealized investment earnings
- Timing differences
- Investment income YTD
- Investment fees YTD
- Stock Gifts

### Checking balance

<table>
<thead>
<tr>
<th></th>
<th>Actual July</th>
<th>Actual Aug</th>
<th>Actual Sept</th>
<th>Actual Oct</th>
<th>Actual Nov</th>
<th>Actual Dec</th>
<th>Actual Jan</th>
<th>Actual Feb</th>
<th>Actual Mar</th>
<th>Actual Apr</th>
<th>Actual May</th>
<th>Actual June</th>
<th>Forecast June</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Beginning Cash</strong></td>
<td>61,906</td>
<td>137,638</td>
<td>349,631</td>
<td>259,670</td>
<td>342,266</td>
<td>1,075,661</td>
<td>2,241,650</td>
<td>1,807,478</td>
<td>1,853,951</td>
<td>2,038,159</td>
<td>1,950,925</td>
<td>2,062,298</td>
<td></td>
</tr>
</tbody>
</table>

Page 5
Unrestricted/General Operating
Represents funds that are used for general operations of the Foundation and that are not subject to donor-imposed restrictions.

Board Designated Reserve
Policy established by the Board of Directors to maintain a cash balance to cushion against fluctuations in cash due to timing of contributions and/or expenses or economic conditions. The Foundation's reserve balance is based on three months of projected fixed operating expenses.

Board Designated Endowment Fund
Unrestricted bequest revenue of the Foundation in excess of $100,000 annually will be allocated to the Board Designated Endowment Fund. The first $100,000 of such revenue shall be allocated to general operations unless otherwise donor restricted. The finance committee will review the fund balance annually and will recommend to the Board of Directors the amounts if any, that should be used for mission related purposes in the subsequent fiscal year.

Temporarily Restricted - Capital Campaign
Funds received during the Finding a Cure campaign that are restricted for the BioBank, advocacy and research.

Temporarily Restricted - Other
Represents funds received from donors that have donor-imposed stipulations that may or will be met by actions of the Foundation and/or the passage of time. Included in this category are monies received for research and special projects that will not be completed in the current fiscal year.
III. Annual Board Orientation
To drive efforts to cure psoriatic disease and improve the lives of those affected.
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Welcome
Welcome to the National Psoriasis Foundation’s Board of Directors! We are pleased to send you our Board Orientation Manual which contains an introduction to the mission of the National Psoriasis Foundation (Foundation), as well as details about your role on the Board of Directors (BOD).

The Basics
Press Release
Upon your appointment to the board, the Foundation will issue a news release announcing your appointment as a board member and will work with you to craft the messaging prior to distributing to media outlets.

Conflict of Interest Disclosure
The Foundation’s board liaison will be in touch with you to coordinate the completion of the Conflict of Interest Disclosure form. You will be required to update this form every year at the Annual Meeting of the Board of Directors.

Meeting Frequency
The BOD meets four times annually:
Winter - March (typically in conjunction with AAD Winter Conference)
Spring - June (Annual Meeting, approval of budget for the new fiscal year)
Summer - September
Fall - November

Meeting dates will be communicated via email to all board members as they are confirmed. The Foundation’s board liaison will be in touch with you approximately one month prior to the meeting to coordinate travel logistics.

The Foundation reimburses travel expenses associated with attending the meeting. You may request reimbursement after the date of travel or donate your travel expenses (for which you will receive an acknowledgement letter for your records).

Committees
The Foundation expects Board members to serve on at least one of the Board Committees. Committee meetings are typically held via conference call.
Board Login Information

New NPF Board of Directors, please follow these directions to set-up access to the site

**Step 1:** Click or enter this link into your browser, [https://psoriasis.org/user/register](https://psoriasis.org/user/register). You will be prompted to set-up your login information. See Image 1.

**Step 2:** Once you have successfully logged in, go to the bottom of the page and select Board of Directors. See Image 2.

**Step 3:** You will then be taken to the Board of Directors page. This page will have short bios for each current director. Click on orange button at the bottom of the page, Board of Directors Resources. See Image 3.

**Step 4:** You will on the BOD Resources page. See Image 4.

*Current users:* If you have forgotten your password, you will need to click on the Lost Your Password? button towards the bottom of the login page. We are not able to retrieve or reset this information for you.
Strategic Plan FY2014-FY2019

Goals:

1. Accelerate discovery to cure psoriatic disease to:
   • Raise the number of dollars invested annually by the National Institutes of Health (NIH) to more than $18 million—a 50 percent increase;
   • Increase the number of scientists studying psoriatic disease by 50 percent for a total of 13,500;
   • Create a community of 1,000 people with psoriasis and psoriatic arthritis who participate in research;
   • Publish annual progress reports in key areas of psoriatic disease research;
   • Invest 30 percent or more of the annual NPF budget in research.

2. Dramatically improve health outcomes for all with psoriatic disease to:
   • Increase by half the number of people receiving appropriate treatment to 77 percent of those diagnosed with moderate to severe psoriasis, and 62 percent with psoriatic arthritis;
   • Reduce from 50 to 30 percent the number of individuals who report their psoriasis and psoriatic arthritis to be a problem in everyday life;
   • Publish annual progress reports in key areas of psoriatic disease care and comorbidities;
   • Increase NPF professional membership to 1,700 health care providers.

3. Secure resources to achieve the mission by:
   • Generating $20,000,000 in total revenue;
   • Maintaining a $3,000,000 operating reserve;
   • Doubling the number of volunteers engaged with NPF mission to more than 13,200.

How we will accomplish our goals:

Goal 1: National Psoriasis Foundation (NPF) will accelerate discovery to cure psoriatic disease by:

• Expanding the psoriatic disease research community by:
  o Increasing federal funding for research and the number of scientists studying psoriatic disease by awarding more grants and recruiting researchers from other fields;
  o Creating a Psoriatic Disease Patient Research Network to collaborate with researchers.

• Leading our research community to discover new treatments and a cure by:
  o Hosting a resource-rich web site connecting scientists;
  o Integrating the opinions of people with psoriasis and psoriatic arthritis in all research efforts;
  o Developing the NPF Scientific Advisory Committee;
  o Collaborating on cure-focused research with national and international organizations;
Developing psoriatic disease biomarkers—measures found in molecules of the body—to refine diagnosis, predict the course of the disease, and determine patient response to a particular treatment;

- Publishing regular progress reports in key areas of psoriatic disease research.

- Advocating for policies and laws to increase federal support for psoriatic disease research by:
  - Improving disease awareness among federal decision-makers;
  - Working for new collaborations between federal agencies.

**Goal 2: National Psoriasis Foundation will dramatically improve the health of people with psoriatic disease by:**

- Reducing issues patients face in the diagnosis and management their disease by:
  - Researching factors in the health care system impacting patient outcomes, and publishing regular progress reports on psoriatic disease health care delivery;
  - Implementing the psoriasis and psoriatic arthritis public health agenda in partnership with the Centers for Disease Control (CDC);
  - Collecting and distributing data on the burden of psoriatic disease on the individual, families and the economy.

- Improving health care provider (HCP) understanding of how to diagnosis and treat psoriatic disease by:
  - Educating primary care providers, especially those treating underserved populations;
  - Increasing NPF medical professional membership;
  - Providing resources for HCPs to more quickly identify disease symptoms;
  - Teaching patients to recognize symptoms earlier and describe to their HCPs the impact of psoriatic disease on their quality of life.

- Decreasing the number of patients who report trouble getting adequate health insurance by advocating for better and broader coverage policies in health insurance marketplaces, private insurance, Medicare, and Medicaid by:
  - Pursuing policies to lower out-of-pocket costs;
  - Protecting and promoting treatment assistance programs;
  - Advocating for legislation that limits specialty drug tiering;
  - Expanding access to specialists.

- Raising awareness of psoriatic disease to increase the number of those engaged with NPF by:
  - Expanding the focus of the NPF education program and number served by collaborating with sister organizations at the community level, and widening the reach of comorbidities messaging;
  - Launching a national public awareness campaign in collaboration with corporate partners;
Investing resources in the NPF volunteer program to grow the number of participants.

Goal 3: Secure resources to achieve the mission

- Generate $20,000,000 in total revenue by:
  - Diversifying revenue-generating activities resulting in $5,000,000 in special event revenue; $4,000,000 in individual and major gift revenue; $7,000,000 in corporate partnerships; and $4,000,000 in transactional campaigns;
  - Growing professional membership by increasing benefits value and engagement opportunities;
  - Investing in the field staff/volunteer partnership model with a focus on high-impact markets, generating $500,000 per established field area;
  - Increasing the size of the NPF Board of Trustees to 30 members, with an emphasis on geographic representation and clear expectations for service that include charitable giving and donor development;
  - Adopting technologies that facilitate organizational growth;
  - Investing in staff recruitment, professional development and retention techniques that will accelerate growth.

- Maintain a $3,000,000 operating reserve by:
  - Increasing the understanding of board members about fiduciary oversight including operating reserves, endowments, and restricted funds;
  - Annually evaluating the optimum operating reserve threshold level.

- Double the number of volunteers engaged in the NPF mission by:
  - Identifying volunteer engagement opportunities across all activities;
  - Evaluating, refining and investing in national volunteer program to increase program effectiveness, strategically incorporate volunteers in programs based on their skills and interests,
  - Providing staff training in volunteer recruitment and retention and including these measures in performance reviews for staff interacting with volunteers.
FY17 Year End Strategic Plan Progress Report

Goal 1 - Accelerate Discovery

NPF Investment in Research (FY17 annual report data)

- Increase Number of Scientists Studying Psoriatic Disease by 50%
  - Baseline (in thousands)
  - FY17 Target
  - (based on PubMed worldwide search of unique authors of publications related to psoriatic disease from July 1, 2016 to June 30, 2017. Total is 11,900.)
  - 992 researchers/month in FY 2016
  - 1080 researchers/month in FY 2017 to date

Patient Community Who Participates in Research
- More than 3,600 people have joined Citizen Psientist and more than 140,000 questions have been answered on the site.

Annual Report - 2016
Click here to view
GOAL 2 – DRAMATICALLY IMPROVE HEALTH OUTCOMES

Psoriatic Disease a Problem in Everyday Life
(Moderate to Severe Diagnosis)

Aggregate Measure of Psoriasis and Psoriatic Arthritis

<table>
<thead>
<tr>
<th></th>
<th>CURRENT</th>
<th>TARGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psoriasis</td>
<td>60%</td>
<td>70%</td>
</tr>
<tr>
<td>Psoriatic Arthritis</td>
<td>40%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Increase Professional Memberships to 1,700 Health Care Providers
(ending June 30, 2016)

GOAL 3 – Secure Resources to Achieve Mission

Generate 20M in Total Revenue by FY19

- Individual/Major Gifts: $3,050,000
- Corporate Partnerships: $5,985,000
- Special Events: $2,460,000
- Transactional Campaigns: $2,255,000

Increase Number of Volunteers to 13,100
(ending June 30, 2016)

- Revised Volunteer Categories in 2017: 9,091
- Revised Volunteer Categories in 2018: 9,983

Maintain 3M Operating Reserve

- 2016 - Calculated Reserve: $1,600,000
- 2017 - Calculated Reserve: $1,600,000
Goa#1
• NIH Investment in Psoriatic Disease Research is published annually on the NIH website. The number we report includes all unique records with Psoriasis or Psoriatic Arthritis as a descriptor.
• Data on scientists studying psoriatic disease is based on PubMed search of number of unique authors (worldwide) of publications related to psoriatic disease (keywords “psoriasis” and “psoriatic arthritis” in Title/Abstract)
• Data on community who participates in research will based on NPF’s Citizen Pscientist initiative, which will launch in July 2015 (number of participants will be calculated regularly).

Goal #2
• Data for Psoriatic Disease a Problem in Everyday Life / Treatment to the Appropriate Level of Severity is based on results of NPF’s Annual Patient Panel (September). This data will be updated at the November board meeting.
• Professional Membership data is based on information collected in Raiser’s Edge (internal database) and includes constituents flagged as active professional members.

Goal #3
• Volunteer data based on information collected in Raiser’s Edge (internal database) and includes every constituent flagged with one of NPF’s defined volunteer roles. Baseline number has been revised to eliminate overlap of volunteers in multiple categories.
Board Policies

Ethics

National Psoriasis Foundation

ETHICS POLICY

The National Psoriasis Foundation (Psoriasis Foundation) Board of Directors, CEO and employees are dedicated to carrying out the mission of the organization:

*Our mission is to drive efforts to cure psoriatic disease and improve the lives of those affected. Through education and advocacy, we promote awareness and understanding, ensure access to treatment and support research that will lead to effective management and, ultimately, a cure.*

Our ethics policy confirms the values of the organization and provides a code of conduct for Directors and employees to follow to ensure that the organization achieves its goals while maintaining public confidence and trust. Each year, the Psoriasis Foundation Board of Directors will review this policy and adhere to its provisions.

The Psoriasis Foundation will:

1. Recognize that our chief function is to serve the best interests of all of our members and constituent groups at all times. The Psoriasis Foundation works on behalf of people affected by psoriasis and psoriatic arthritis, and in cooperation with all who serve them, including but not limited to the medical profession, the pharmaceutical community, manufacturers of psoriasis products, government, insurance companies, educators and the media. In every activity, we will disseminate current information that is accurate and unbiased.

2. Accept as an organizational duty the responsibility to keep up-to-date on emerging issues and to conduct ourselves with professional integrity, impartiality and respect for the patient community we serve. We are obligated to uphold a professional reputation, through compliance with applicable legal requirements, national and local regulations, and productive interactions with our patient community and all those who serve them.

3. Insist that our employees: (a) respect the structure and responsibilities of the Board of Directors, (b) provide the Board with all relevant facts and informed advice as a basis for their making policy decisions, and (c) uphold and implement policies adopted by the Board of Directors.

4. Keep the public informed about issues affecting research, diagnosis and treatment of psoriasis and psoriatic arthritis.

5. Conduct our organizational and operational duties with positive leadership exemplified by open communication, creativity, dedication and compassion.

6. Carry out the organization’s mission, and serve with respect, concern, courtesy and responsiveness. We recognize psoriasis and psoriatic arthritis can vary from individual to
individual, and we do not attempt to supplant the medical judgment of the physician, nor discredit an individual’s emotional response to psoriasis or psoriatic arthritis.

7. Demonstrate the highest standards of institutional integrity and honesty in all our activities in order to inspire confidence and trust in our activities and services. We demonstrate neutrality in providing information on all therapies and products, and do not promote or recommend any therapy or combination thereof as universally effective.

8. Avoid any interest or activity that is in conflict with the fulfillment of the objectives in our mission statement.

9. Respect and protect privileged information to which we have access in the course of our activities. We pledge to protect the integrity of all parties, our reputation and the privacy of names and confidential information entrusted to us.

10. The Psoriasis Foundation operates as a tax-exempt Oregon public-benefit corporation with financial support from individuals, companies and foundations. We will be accessible and responsive to members of the public who express interest in our affairs.

11. We will annually prepare and make available to the public an annual report that describes the organization’s mission, program activities and audited financial information. The report will identify the names of the Psoriasis Foundation’s Board of Directors and senior management employees.

[Code of Ethics and Values approved by Board of Trustees March 4, 1995]
Approved by Board of Trustees October 2003
Amended by Board of Trustees March 2005
Updated mission statement and replaced Board of Trustees language with Board of Directors – May 6, 2015
Bylaws

AMENDED AND RESTATED BYLAWS
of the
NATIONAL PSORIASIS FOUNDATION

ARTICLE I - OFFICES

The principal office of the National Psoriasis Foundation (“Foundation”) shall be fixed and located at such place within the County of Washington, Oregon, as the Board of Directors (“Board”) shall determine. The Board is granted full power and authority to change the principal office from one location to another within the greater Portland metropolitan area.

ARTICLE II - PURPOSE

The specific and general purposes of the Foundation are described in the Articles of Incorporation.

ARTICLE III - NO MEMBERS

Section A. No Members

The Foundation shall have no members. Any action that would otherwise by law require approval by a majority of all members or approval by the members shall require only approval of the Board. All rights that would otherwise by law vest in the members shall vest in the Board.

Section B. Associates

Nothing in this Article 3 shall be construed to limit the Foundation's right to refer to persons associated with it as "members" even though such persons are not members, and no such reference by the Foundation shall render anyone a member within the meaning of ORS Section 65 of the Revised Oregon Nonprofit Corporation Act (the “Act”). Such individuals may originate and take part in the discussion of any subject that may properly come before any meeting of the Board, but may not vote. The Foundation may confer, by amendment of its Articles of Incorporation or of these Bylaws, some or all of a member’s rights, set forth in the Act, upon any person who does not have the right to vote for the election of Directors, on a disposition of substantially all of the assets of the Foundation, on a merger, on a dissolution, or on changes to the Foundation's Articles of Incorporation or Bylaws, but no such person shall be a member within the meaning of said Act. The Board may also, but without establishing memberships, create an advisory council or honorary board or such other auxiliary groups as it deems appropriate to advise and support the Foundation.
ARTICLE IV - BOARD OF DIRECTORS

Section A. Number and Qualifications

The Foundation shall be governed by a Board, which shall consist of no fewer than nine or more than thirty members ("Director"), each of whom shall be at least twenty-one years of age, and shall have been duly elected by the then current Board.

Section B. Election of Directors

The election of Directors will occur at the Annual Meeting of the Board, except under special circumstances as deemed necessary by the Board.

Section C. Term of Service

Directors shall serve for a term of two years, ending at the Annual Meeting of the second year following the year in which they were elected to the Board, and may serve up to three consecutive terms if re-elected. Any Director serving three consecutive terms may be re-elected to the Board following a two-year absence from the Board. In order to maintain continuity on the Board, terms shall be staggered so that the terms of approximately one-third of the Directors expire at the end of each fiscal year.

The Director’s Term of Board service is automatically extended if that Director is elected to the position of Vice-Chair, Chair-Elect and Chair. The term of board service is extended for the duration of the term in that particular office.

Section D. Removal or Resignation of Directors and Filling of Vacancies

Any Director may be removed by a two-thirds vote of the Board for just cause; the Board may fill vacancies created by removal or by resignation for the duration of the unexpired term of such Director.

Any Director who misses two (2) consecutive Board meetings without obtaining prior excusal from the Chair of the Foundation may be removed from the Board. A Director must attend the majority of Board meetings in each twelve-month period.

Section E. Powers and Duties of Board

1. General Powers

The Board shall have authority and responsibility for all operations of the Foundation including, but not limited to, election of Directors; election of officers and the Medical Board; creation and modification of standing committees. Authority of the Board may be delegated to the Executive Committee or to other committees of Directors as the Board may designate.

The Board may assign a Director, Foundation staff member, or other individual as its ex officio representative for the International Federation of Psoriasis Associations ("IFPA") or any other organization as the Board may designate.

The Board may authorize or allocate the expenditure of Foundation funds or other resources, or the transfer of any or all of the Foundation’s assets, in furtherance of the purposes and objectives of the
Foundation, and may take any action in accordance with law, the Articles of Incorporation, and these Bylaws.

2. Specific Powers

Without prejudice to its general powers, but subject to the same limitations set forth above, the Board shall have the following powers in addition to any other powers enumerated in these Bylaws and permitted by law:

a. To select and remove the President and Chief Executive Officer (“CEO”) of the Foundation, to prescribe powers and duties for him or her that are not inconsistent with law, the Foundation’s Articles of Incorporation or these Bylaws; and to fix his/her compensation;

b. To conduct, manage and control the affairs and activities of the Foundation and to make such rules and regulations therefor which are not inconsistent with law, the Foundation's Articles of Incorporation or these Bylaws, as it deems best;

c. To borrow money and incur indebtedness for the purposes of the Foundation, and to cause to be executed and delivered therefor, in the name of the Foundation, promissory notes, bonds, debentures, deeds of trust, mortgages, pledges, hypothecations and other evidences of debt and securities therefor;

d. To carry on a business at a profit and apply any profit that results from the business activity to any activity in which it may lawfully engage;

e. To act as trustee under any trust incidental to the principal object of the Foundation, and receive, hold, administer, exchange and expend funds and property subject to such trust;

f. To acquire by purchase, exchange, lease, gift, devise, bequest, or otherwise, and to hold, improve, lease, sublease, mortgage, transfer in trust, encumber, convey or otherwise dispose of real and personal property; and

g. To assume any obligations, enter into any contracts or other instruments, and do any and all other things incidental or expedient to the attainment of any Foundation purpose.

Section F. Meetings

1. Annual Meeting

The Annual Meeting of the Board shall be held at a Board-designated time and place between May 1 and June 30. The Directors shall be sent written notice of the meeting time and place and the agenda and supporting materials at least ten calendar days prior to the Annual Meeting.

2. Special Meetings

Special meetings of the Board may be called by the Chair at any time upon giving advance written notice of not less than ten days to each Director of the time, place and purpose of the meeting, including an agenda and supporting materials.
3. **Notice and Mailing**

   All notices required to be given by any provision of these Bylaws shall bear the written, stamped, typewritten or printed signature of the Secretary or CEO, and shall be deemed served when deposited in the United States mail with postage prepaid, addressed to the Director at his or her last address appearing on the records of the Foundation.

4. **Informal Action**

   If all the Directors entitled to vote consent in writing to any action taken or to be taken by the Foundation, and the written consent is filed with the Secretary of the Foundation, the action shall be as valid as though it had been authorized at a meeting of the Board.

5. **Parliamentary Authority**

   The rules contained in the current edition of Robert's Rules of Order Newly Revised shall govern the Foundation in all cases to which they are applicable and in which they are not inconsistent with these Bylaws and any special rules of order the Foundation may adopt. The Secretary shall serve as the parliamentarian at Board meetings.

**Section G. Quorum and Voting**

For the purpose of any meeting or action taken by the Board, a majority of the Directors entitled to vote then in office shall constitute a quorum. Directors must be present to vote, either in person or telephonically where each person can hear one another, at a meeting. Every act or decision done or made by a majority of the Directors present at a meeting duly held at which a quorum is present is an act of the Board. A meeting at which a quorum is initially present may continue to transact business notwithstanding the withdrawal of Directors, if any action taken is approved by at least a majority of the required quorum for such meeting provided such action is described in the notice for the meeting or added as a voting issue to the agenda for the meeting at such time as there is a quorum. Directors may not vote by proxy.

**Section H. Adjournment**

A majority of the Directors present, whether or not a quorum is present, may adjourn any Directors’ meeting to another time and place. If a meeting is adjourned for more than twenty-four (24) hours, notice of such adjournment to another time or place shall be given, prior to the time scheduled for the continuation of the meeting, to the Directors who were not present at the time of the adjournment.

**Section I. Restriction of Interested Directors**

Directors will not be compensated, excluding reimbursement for reasonable expenses, for serving on the Board and will abide by the Conflict of Interest Policy set forth by the Foundation.

**Section J. Standard of Care**

1. A Director shall perform all duties of a Director, including duties as a member of any committee of the Board on which the Director may serve, in good faith, in a manner such Director reasonably believes to be in the best interests of the Foundation and with such care, including the duty
to make reasonable inquiries, as an ordinarily prudent person in a like situation would exercise under similar circumstances.

2. In performing the duties of a Director, a Director may rely on information, opinions, reports or statements, including financial statements and other financial data, in each case prepared or presented by:

   a. One or more officers or employees of the Foundation whom the Director believes to be reliable and competent in the matters presented;

   b. Legal counsel, independent accountants or other persons as to matters that the Director reasonably believes to be within such person’s professional or expert competence; or

   c. A committee of the Board upon which the Director does not serve as to matters within its designated authority, provided the Director believes that the committee merits confidence and the Director acts in good faith, after reasonable inquiry when the need therefor is indicated by the circumstances, and without knowledge that would cause such reliance to be unwarranted.

3. Except with respect to assets that are directly related to the Foundation’s charitable programs, the Board shall avoid speculation in investing, reinvesting, purchasing, acquiring, exchanging, selling and managing the Foundation’s investments. Instead, the Board is to consider the permanent disposition of the funds, the probable income, and the probable safety of the Foundation’s capital, and is to comply with the express terms of the instrument or agreement, if any, pursuant to which the assets were contributed to the Foundation.

ARTICLE V - OFFICERS

Section A. Offices, Terms and Election

The Directors will elect, every two years, a Chair, Chair-Elect, Vice-Chair, Secretary, and Treasurer to two-year terms. The Board shall elect from among the Directors, at the Annual Meeting, the officers of the Foundation, who will assume their responsibilities at the start of the next fiscal year. No Director may serve as Chair until the Director has served one full term (two years) as a Director.

A Director may serve as an officer even if the Director’s term is scheduled to expire within two years of the Director’s election. Election to any office shall serve as an automatic two-year extension of the Director’s last term but, upon completion of the Director’s term as an officer, the Director shall resign from the Board. In the event that a candidate for office is not re-elected to the Board, the Board Governance Committee shall convene as soon as practicable to nominate a new Director for the office. The Board must then elect the new officer.

Section B. Removal or Resignation of Officers and Filling of Vacancies

Any officer may be removed by the Board for just cause; officer vacancies created by removal or by resignation may be filled by the Board for the duration of the unexpired term of office from a list of candidates proposed by the Board’s Governance Committee.
Section C. Duties of Officers

1. Chair
   
The Chair shall preside at all meetings of the Board and Executive Committee, and in his/her absence and anticipated absence of the Chair-Elect and Vice-Chair, the Chair shall designate a specific member of the Executive Committee to act as chair pro tempore. The Chair will conduct the Foundation’s meetings in accordance with Robert’s Rules of Order Newly Revised and may vote in elections of Directors and officers, but may only vote on a motion in the case of a tie vote by the Board. The Chair may not initiate a motion. The Chair cannot unilaterally act on behalf of the Foundation in any official action obligating the Foundation. The Chair shall be an ex-officio member of all standing committees for which he or she is not already a member. The Board’s Governance Committee shall recommend committee chairs for standing committees other than the Finance Committee. Standing committee appointments shall be made by the Chair with the consent of the Executive Committee within one month of the Executive Committee assuming office.

2. Chair-Elect
   
The Chair-Elect shall attend all meetings of the Board and the Executive Committee. In the absence of the Chair, the Chair-Elect will preside over meetings of the Board and Executive Committee. At the conclusion of the term of the Chair, the Chair-Elect will automatically assume the role of the Chair.

3. Vice-Chair
   
The Vice-Chair shall attend meetings of the Board and the Executive Committee and keep sufficiently well informed to assume the responsibilities of the Chair in the absence of the Chair and Chair-Elect.

4. Secretary
   
The Secretary shall be the official custodian of the minutes of meetings of the Executive Committee and the Board, and other official records of the Foundation, and shall ensure that they are accumulated, organized and safeguarded in such a way as to have them readily available as needed. The Secretary shall transmit to a successor a complete and usable record for historical, legal or operating purposes.

5. Treasurer
   
The Treasurer shall be responsible for the fiscal records and the financial affairs of the Foundation, and shall oversee the provision of a detailed and accurate accounting of all funds and other property of the Foundation on a regular basis or when requested by the Board. The Treasurer shall be the chair of the Finance Committee.

6. Immediate Past Chair
   
The Immediate Past Chair shall be a non-voting, ex-officio member of the Executive Committee and the Board. The Immediate Past Chair may also be appointed by the Chair to lead a task force or ad hoc committee to address specific issues outside the normal scope of the existing committee structure.
ARTICLE VI - EXECUTIVE COMMITTEE

Section A. Duties and Responsibilities

The Executive Committee shall have the authority and responsibility to act in all respects for the Board in the operation of the Foundation. In addition, the Executive Committee may act as an advisory group on policies and procedures and to recommend adjustments, as appropriate, to the Board. The Executive Committee shall also review and resolve any soft credit donation dispute. Any member of the Executive Committee, whose personal donation is in dispute, must excuse himself/herself from the Executive Committee’s discussion and decision regarding the donation.

Section B. Composition and Term of Service

The Executive Committee shall be comprised of a minimum of five voting members from among the Directors, consisting of the Chair, the Chair-Elect, the Vice-Chair, the Secretary, and the Treasurer. The term of service for the Executive Committee is two years.

The CEO and the Immediate Past Chair shall be nonvoting, ex officio members of the Executive Committee. The Immediate Past Chair will serve for a term of two (2) years. Each person serving on the Executive Committee by reason of office or position held will serve as long as the person holds the office or position.

Section C. Meetings and Voting

For the purpose of any meeting or action taken by the Executive Committee, four voting members shall constitute a quorum, and a majority of the members present, either in person or telephonically, shall be required to authorize any action on behalf of the Executive Committee. The Executive Committee shall meet on an as needed basis. All Directors shall receive advance written notice and an agenda for each Executive Committee meeting and shall have the opportunity to comment on agenda matters at or prior to the meeting. Minutes will be taken at all meetings, will be distributed to the Board, and will be maintained with the records of the Foundation by the Secretary.

ARTICLE VII – COMMITTEES

Section A. General Provisions Regarding Committees

1. Unless otherwise provided in these Bylaws or by the laws of the State of Oregon, each committee shall have all of the authority of the Board to the extent delegated by the Board, except that no committee, regardless of Board resolution, may:

   a. The Board may create other committees in addition to the Executive Committee and the Standing Committees identified in Section B below, either standing or special, to serve the Board which do not have the powers of the Board. The committee chair shall continue as such until the next annual election of officers and until his or her successor is appointed, unless the member sooner resigns or is removed from the committee.

   b. Amend or repeal Bylaws or adopt new Bylaws;
c. Amend or repeal any resolution of the Board which by its express terms is not so amendable or repealable;

d. Appoint committees of the Board or the members thereof;

e. Authorize distributions, approve dissolution, approve a merger or sale of assets, or approve a pledge of assets of the Foundation; or

f. Approve any action for which the Act requires the approval of the Board.

2. Meetings and Action of Board Committees

Unless the Board or a Board committee shall otherwise provide, meetings and actions of Board committees shall be governed by, held and taken in accordance with, the provisions of Article IV Section F of these Bylaws which concern meetings of the Board, with such changes in those provisions as required by this Article and as necessary to substitute the committee and its members for the Board and its members, except that the time of regular meetings of the committees may be determined either by resolution of the Board or by the chair of the committee. Special meetings of committees may also be called by resolution of the Board. Notice of special meetings of Board committees shall be given to any and all alternate members who shall have the right to attend all meetings of the committee. The Board may adopt rules for the governance of any Board committee not inconsistent with the provisions of these Bylaws.

3. Other Committees

a. The Board may create other committees in addition to the Executive Committee and the Standing Committees identified in Section B below, either standing or special, to serve the Board which do not have the powers of the Board. The Executive Committee shall designate the committee chair. The committee chair shall continue as such until the next annual election of officers and until his or her successor is appointed, unless the member sooner resigns or is removed from the committee.

b. Meetings of a committee may be called by the Chair, the chair of the committee or a majority of the committee’s voting members. Each committee shall meet as often as is necessary to perform its duties. Notice of a meeting of a committee may be given at any time and in any manner reasonably designed to inform the committee members of the time and place of the meeting. A majority of the voting members of a committee shall constitute a quorum for the transaction of business at any meeting of the committee. Each committee may keep minutes of its proceedings and shall report periodically to the Board. A committee may take action by majority vote.

c. Any member of a committee may resign at any time by giving written notice to the chair of the committee or to the Chair. Such resignation, which may or may not be made contingent upon formal acceptance, shall take effect upon the date of receipt or at any later time specified in the notice. The Executive Committee may remove any appointed member of a committee. The Executive Committee, in consultation with the committee chair and/or President and CEO, may appoint a member to fill a vacancy in any committee or any position created by an increase in the membership for the unexpired portion of the term.
Section B. Standing Committees

The following committees shall constitute the standing committees of the Foundation: Finance, Development/Fundraising, Governance and Audit. Directors and other individuals may serve on standing committees within the guidelines for membership for each committee as stated in these Bylaws. The Chair shall have the power to fill vacant positions on standing committees, and the Governance Committee shall review the composition of the standing committees annually.

Section C. Finance Committee

1. Duties

The duties of the Finance Committee shall consist of annually proposing to the Board a budget for the forthcoming year, monitoring and evaluating performance of the Foundation against the current year budget, reviewing regular and annual financial statements, approving procedures for payment of Foundation expenses, and reporting to the Board from time to time on all such matters. Duties will also include communicating investment goals, objectives and policies, recommending changes regarding the Foundation’s investment policy, recommending to the Board the selection of investment managers and allocation of investment funds, and reviewing and monitoring investment manager performance.

2. Composition and Tenure of Service

Membership of the Finance Committee shall include the Treasurer, and at least two additional Directors appointed by the Executive Committee. The Executive Committee, upon the recommendation of the CEO, Chair, and chair of the Finance Committee, can appoint additional members of this committee who are not members of the Board of Directors. Ex-officio members shall include the Chair, the CEO and the senior staff fiscal manager. The Treasurer will serve as chair of this committee.

3. Meetings and Voting

The Finance Committee will meet at such times as specified by the committee chair, the Executive Committee or the Board. The Finance Committee will meet at least bi-monthly. The committee chair may call special meetings.

For the purpose of any meeting or action taken by the Finance Committee, three members shall constitute a quorum, and a majority of the members present, either in person or telephonically, shall be required to authorize any action on behalf of the Finance Committee. Minutes will be taken at all meetings and distributed to the Board.

Section D. Development Committee

1. Duties

The duties of the Development Committee shall consist of guiding the overall strategy and operating plan for the development program; monitoring progress made toward the achievement of strategic objectives; and assisting in the identification, cultivation and solicitation of major individual and corporate donors.
2. Composition and Tenure of Service

The Development Committee consists of a chair and at least two additional Directors appointed by the Executive Committee. The Executive Committee, upon the recommendation of the CEO, Chair, and chair of the Development Committee, can appoint additional members of this committee who are not members of the Board of Directors. Ex-officio members include the Chair, the CEO, and senior staff as designated by the CEO.

3. Meetings and Voting

The Committee will meet at such times as specified by the committee chair, the Executive Committee or the Board. The Committee will meet at least quarterly to fulfill its responsibilities, as designated above. The committee chair may call special meetings.

For the purpose of any meeting or action taken by the Development Committee, three members shall constitute a quorum, and a majority of the members present, either in person or telephonically, shall be required to authorize any action on behalf of the Development Committee. Minutes will be taken at all meetings and distributed to the Board.

Section E. Governance Committee

1. Duties

The duties of the Governance Committee shall consist of identifying, interviewing and proposing Director candidates for membership on the Board; serving as the nominating committee for officer positions and committee chairs; appointing committee members; orienting and training new and current Directors; ensuring engagement of current and former Directors in the work of the organization; and making recommendations on bylaw and other governance policy changes at the Board level.

2. Composition and Tenure of Service

Membership of the Governance Committee shall include the Chair-Elect and no fewer than two (2) Directors appointed by the Executive Committee. The Executive Committee, upon the recommendation of the CEO, Chair, and chair of the Governance Committee, can appoint additional members of this committee who are not members of the Board of Directors. The Vice Chair will serve as chair of this Committee. The CEO shall be an ex-officio member of this Committee.

3. Meetings and Voting

The Committee will meet regularly to monitor Director engagement and compliance with expectations and bylaw requirements.

For the purpose of any meeting or action taken by the Governance Committee, a majority of the voting members shall constitute a quorum. Minutes will be taken at all meetings and distributed to the Board.
**Section F. Audit Committee**

1. **Duties**

   The duties of the Audit Committee shall consist of interviewing and recommending to the Board the hiring of independent auditors to audit the annual financial statements of the Foundation, evaluating the auditors, reviewing annual financial statements before the statements are released externally, reviewing audit adjustments made or waived, monitoring risk assessments from management and the auditors, and reviewing the auditor’s recommendations for improving controls.

2. **Composition and Tenure of Service**

   Membership of the Audit Committee shall include at least three (3) Directors appointed by the Executive Committee. The Executive Committee, upon the recommendation of the CEO, Chair, and chair of the Audit Committee, can appoint additional members of this committee who are not members of the Board of Directors. The Chair-Elect will serve as chair of this committee. The members of the Audit Committee may not serve concurrently as members of the Finance Committee.

3. **Meetings and Voting**

   The Audit Committee will meet at least once prior to the annual audit, and at least once after the annual audit, and at such additional times as specified by the committee chair, the Executive Committee or the Board. The committee chair may call special meetings.

   For the purpose of any meeting or action taken by the Audit Committee, two members shall constitute a quorum, and a majority of the members present, either in person or telephonically, shall be required to authorize any action on behalf of the Audit Committee. Minutes will be taken at all meetings and distributed to the Board.

**ARTICLE VIII - PRESIDENT AND CEO**

The President and CEO may authorize the employment of staff, personnel, consultants or other outside services, and may authorize the expenditure or allocation of funds of the Foundation all in accordance with the current year’s operating budget. The President and CEO serves as a nonvoting member of the Board.

**ARTICLE IX - MEDICAL BOARD**

**Section A. Duties and Responsibilities**

The Board shall appoint a Medical Board that shall be comprised of qualified individuals who will provide advice and leadership to the Board of Directors on all medical and scientific issues relative to psoriasis and psoriatic arthritis. The Medical Board will serve as the ultimate source of direction and counsel to the Foundation on all medical issues and strategies relative to the medical community. Medical Board members will work to involve medical professionals who treat psoriasis and psoriatic arthritis patients in the causes of the National Psoriasis Foundation and provide leadership in promoting patient access to quality care.
Section B. Election of Members

The CEO, Medical Board chairman and members of the Medical Board shall nominate candidates for positions on the Medical Board. Those nominations will be submitted to the Board of Directors for its review and approval.

Section C. Terms of Members

Members of the Medical Board shall serve for a term of three years beginning at the start of the Foundation’s fiscal year, and may serve for two consecutive terms. If re-elected, any member serving two consecutive terms, following a one-year hiatus, may be re-elected to the Medical Board.

Section D. Chair

The Board shall appoint a member of the Medical Board as chair of the Medical Board, as recommended by the Governance Committee. The chair’s term of office shall be for three years, beginning at the start of the fiscal year and can be renewed for up to the remainder of the term of office of that member. The chair will serve as a member of the Board during his/her tenure as chair of the Medical Board. Past chairs may be granted emeritus status by the Board.

ARTICLE X - OFFICIAL RECORDS OF THE FOUNDATION

The Official Records of the Foundation shall include the Articles of Incorporation, as amended, the Bylaws, as amended, the official minutes of the meetings of the Board and the Executive Committee, and any other records required to be maintained by the Board or by other legal authority.

ARTICLE XI - FISCAL YEAR-END AUDIT

The Foundation shall operate on the basis of a fiscal year ending June 30, and the Board shall cause an annual audit by an independent auditing firm to be made of the assets and financial transactions and records of the Foundation.

ARTICLE XII - AMENDMENT OF BYLAWS

These Bylaws may be amended or repealed, individually or in total, by a majority vote of the Directors. The Foundation shall provide notice of any meeting at which an amendment to the Bylaws is to be voted upon, said notice shall state that one of the purposes of the meeting is to consider a proposed amendment and shall contain a copy of the amendment.
ARTICLE XIII - INDEMNIFICATION OF AGENTS
OF THE FOUNDATION; PURCHASE OF LIABILITY INSURANCE

Section A. Definitions

For the purpose of this Article, "agent" means any person who is or was a Director, officer, employee or other agent of the Foundation, or is or was serving at the request of this Foundation as a director, officer, employee or agent of another foreign or domestic corporation, partnership, joint venture, trust or other enterprise; "proceeding" means any threatened, pending or completed action or proceeding, whether civil, criminal, administrative or investigative; and "expenses" includes without limitation, attorneys' fees and any expenses of establishing a right to indemnification under this Article.

Section B. Indemnification of Agents

1. The Foundation shall indemnify any person who was or is a party, or is threatened to be made a party, to any proceeding (other than an action by or in the right of the Foundation to procure a judgment in its favor, an action brought under the Act, or an action brought by the Attorney General of Oregon or a person granted relator status by the Attorney General of Oregon for any breach of duty relating to assets held in charitable trust) by reason of the fact that such person is or was an agent of the Foundation, against expenses, judgment, fines, settlements and other amounts actually and reasonably incurred in connection with such proceeding if such person acted in good faith and in a manner such person reasonably believed to be in the best interests of the Foundation and, in the case of a criminal proceeding, such person had no reasonable cause to believe his or her conduct was unlawful. The termination of any proceeding by judgment, order, settlement, conviction or upon a plea of nolo contendere or its equivalent shall not, of itself, create a presumption that the person did not act in good faith and in a manner which the person reasonably believed to be in the best interests of the Foundation, nor that the person had reasonable cause to believe that the person's conduct was unlawful.

2. The Foundation shall indemnify any person who was or is a party, or is threatened to be made a party, to any threatened, pending or completed action by or in the right of the Foundation, or brought under the Act, or brought by the Attorney General of Oregon or a person granted relator status by the Attorney General of Oregon for breach of duty relating to assets held in charitable trust, to procure a judgment in its favor by reason of the fact that such person is or was an agent of the Foundation, against expenses actually and reasonably incurred by such person in connection with the defense or settlement of such action if such person acted in good faith, in a manner such person believed to be in the best interests of the Foundation and with such care, including reasonable inquiry, as an ordinarily prudent person in a like position would use under similar circumstances. No indemnification shall be made under this Section:

   (1) In respect of any claim, issue or matter as to which such person shall have been adjudged to be liable to the Foundation in the performance of such person's duty to the Foundation, unless and only to the extent that the court in which such proceeding is or was pending shall determine upon application that, in view of all the circumstances of the case, such person is fairly and reasonably entitled to indemnity for the expenses which such court shall determine;
(2) Of amounts paid in settling or otherwise disposing of a threatened or pending action, with or without court approval; or

(3) Of expenses incurred in defending a threatened or pending action that is settled or otherwise disposed of without court approval unless it is settled with the approval of the Attorney General of Oregon.

3. To the extent that an agent of the Foundation has been successful on the merits in defense of any proceeding referred to in this Section or in defense of any claim, issue or matter therein, the agent shall be indemnified against expenses actually and reasonably incurred by the agent in connection therewith.

4. Except as provided in subsection 3 of this Section, any indemnification under this Section shall be made by the Foundation only if authorized in the specific case, upon a determination that indemnification of the agent is proper in the circumstances because the agent has met the applicable standard of conduct set forth in subsection 1 or 2 of this Section, by:

   (1) A majority vote of a quorum consisting of Directors who are not parties to such proceeding; or

   (2) The court in which such proceeding is or was pending, upon application made by the Foundation or the agent or the attorney or other person rendering services in connection with the defense, whether or not such application by the agent, attorney or other person is opposed by the Foundation.

5. Expenses incurred in defending any proceeding may be advanced by the Foundation prior to the final disposition of such proceeding upon receipt of an undertaking by or on behalf of the agent to repay such amount unless it shall be determined ultimately that the agent is entitled to be indemnified as authorized by this Section.

6. No provision made by the Foundation to indemnify its or its subsidiary's directors or officers for the defense of any proceeding, whether contained in the Articles of Incorporation, these Bylaws, a resolution of the Directors, an agreement or otherwise, shall be valid unless consistent with this Section. Nothing contained in this Section shall affect any right to indemnification to which persons other than such Directors and officers may be entitled by contract or otherwise.

7. No indemnification or advance shall be made under this Section, except as provided in subsection 3 or Section 4 (2) hereof, in any circumstances where it appears:

   (1) That it would be inconsistent with a provision of the Articles of Incorporation, these Bylaws or an agreement in effect at the time of accrual of the alleged cause of action asserted in the proceeding in which the expenses were incurred or other amounts were paid, which prohibits or otherwise limits indemnification; or

   (2) That it would be inconsistent with any condition expressly imposed by a court in approving a settlement.
Section C.  **Purchase of Liability Insurance**

Upon and in the event of a determination by the Board to purchase such insurance, the Foundation may purchase and maintain insurance on behalf of any agent of the Foundation against any liability asserted against or incurred by the agent in such capacity or arising out of the agent's status as such whether or not the Foundation would have the power to indemnify the agent against such liability under the provisions of this Article; provided, however, that the Foundation shall have no power to purchase and maintain such insurance to indemnify any agent of the Foundation for violation of the Act.

Section D.  **Non-applicability to Fiduciaries of Employee Benefit Plans**

This Article does not apply to any proceeding against any director, investment manager or other fiduciary of an employee benefit plan in such person's capacity as such, even though such person may also be an agent, as defined herein, of the employer corporation. The Foundation shall only have the power to indemnify such director, investment manager or other fiduciary to the extent permitted by Oregon law.

**ARTICLE XIV - CONFLICT OF INTEREST STATEMENT**

All Directors will sign a Conflict of Interest Statement, annually, that will require them to disclose any possible conflict of interest that may arise during Board or Committee discussions. The Director will also abide by the requirements of this Conflict of Interest Statement when such a potential conflict is disclosed.

**ARTICLE XV - PLURALISM AND DIVERSITY**

The National Psoriasis Foundation needs first to ensure that its Directors and staff have a shared belief in its mission and essential values and sufficient commitment to give the time and resources needed.

However, also mindful of an overall mission to better American society, the National Psoriasis Foundation affirms its commitment to reflecting that society’s diversity in its Board of Directors, staff and programs.

*Approved by the Board of Trustees 3.17.2012*

*Updated 8.7.14*

*Revised and Approved by the Board of Directors 6.13.2015*

*Revised and Approved by the Governance Committee 08.27.2015*

*Revised and Approved by the Board of Directors 03.05.2016*
Conflict of Interest

NATIONAL PSORIASIS FOUNDATION

CONFLICT OF INTEREST POLICY
(FOR MEMBERS OF THE BOARD OF DIRECTORS AND MEDICAL BOARD)

Article I: Purpose

This Conflict of Interest Policy (this “Policy”) is designed to foster public confidence in the integrity of the National Psoriasis Foundation, an Oregon nonprofit corporation (the “Organization”), and to protect the Organization’s interest when it is contemplating entering a transaction (as defined below) that might benefit the private interest of a member of the Board of Directors or Medical Board of the Organization (each, a “Member”).

Article II: Definitions

“Interest” means any commitment, investment, relationship, obligation, or involvement, financial or otherwise, direct or indirect, that may influence a person’s judgment, including receipt of compensation from the Organization, a sale, loan, or exchange transaction with the Organization.

A “conflict of interest” is present when, in the judgment of the Board of Directors of the Organization, a Member’s stake in the transaction is such that it reduces the likelihood that such Member’s influence can be exercised impartially in the best interests of the Organization.

“Transaction” means any transaction, agreement, or arrangement between a Member and the Organization, or between the Organization and any third party where a Member has an interest in the transaction or any party to it. “Transaction” does not include compensation arrangements between the Organization and a Member that are wholly addressed under the Organization’s compensation policies.

Article III: Procedures

1. Duty to Disclose

Each Member shall disclose to the Board of Directors all material facts regarding his or her interest in the proposed transaction promptly upon learning of the proposed transaction.

2. Determining Whether a Conflict of Interest Exists

After a Member’s disclosure to the Board of Directors of all material facts of a potential conflict of interest, the Board of Directors shall determine if a conflict of interest exists. The Member and any other interested person(s) involved with the transaction shall not be present during the Board of Director’s discussion or determination of whether a conflict of interest exists, except as provided in Article IV below, and if the Member is a member of the Board of Directors,
the Member will recuse himself or herself from any and all votes by the Board of Directors relating to the conflict of interest matter.

3. Procedures for Addressing a Conflict of Interest

The Board shall follow the procedures set forth in Article IV in order to decide what measures are needed to protect the Organization’s interests in light of the nature and seriousness of the conflict, to decide whether to enter into the transaction and, if so, to ensure that the terms of the transaction are appropriate.

Article IV: Review by the Board of Directors

The Board shall investigate the transaction and the Member’s potential conflict of interest, and may ask questions of and receive presentation(s) from the Member and any other interested person(s), but shall deliberate and vote on the transaction in their absence. The Board shall ascertain that all material facts regarding the transaction and the Member’s conflict of interest have been disclosed to the Board of Directors and shall compile appropriate data, such as comparability studies, to determine fair market value for the transaction.

After exercising due diligence, which may include investigating alternatives that present no conflict, the Board of Directors shall determine whether the transaction is in the Organization’s best interest, for its own benefit, and whether it is fair and reasonable to the Organization. A majority of disinterested members of the Board of Directors then in office may approve the transaction.

Article V: Records of Proceedings

The minutes of any meeting of the Board pursuant to this policy shall contain the name of each Member who disclosed or was otherwise determined to have an interest in a transaction; the nature of the interest and whether it was determined to constitute a conflict of interest; any alternative transactions considered; the members of the Board who were present during the deliberations on the transaction, those who voted on it, and to what extent interested persons were excluded from the deliberations; any comparability data or other information obtained and relied upon by the Board of Directors and how the information was obtained; and the result of the vote, including, if applicable, the terms of the transaction that was approved and the date it was approved.

Article VI: Annual Disclosure and Compliance Statements

Each Member shall annually sign a statement on the form attached hereto, that:

- affirms that the Member has received a copy of this Policy, has read and understood the Policy, and has agreed to comply with the Policy; and
- discloses the Member’s financial interests and family relationships that could give rise to conflicts of interest.
Article VII: Violations

If the Board of Directors has reasonable cause to believe that a Member has failed to disclose actual or possible conflicts of interest, including those arising from a transaction with a related interested person, it shall inform such Member of the basis for this belief and afford the Member an opportunity to explain the alleged failure to disclose. If, after hearing the Member’s response and making further investigation as warranted by the circumstances, the Board of Directors determines that the Member has failed to disclose an actual or possible conflict of interest, the Board of Directors shall take appropriate disciplinary and corrective action.

Article VIII: Annual Reviews

To ensure that the Organization operates in a manner consistent with its status as an organization exempt from federal income tax, the Board of Directors shall authorize and oversee an annual review of the administration of this Policy. The review may be written or oral. The review shall consider the level of compliance with this Policy, the continuing suitability of this Policy, and whether this Policy should be modified and improved.
CONFLICT OF INTEREST POLICY:
ACKNOWLEDGMENT AND FINANCIAL INTEREST DISCLOSURE STATEMENT

The National Psoriasis Foundation, an Oregon nonprofit corporation (the “Organization”), follows a conflict of interest policy designed to foster public confidence in the Organization’s integrity and to protect the Organization’s interest when it is contemplating entering a transaction or arrangement that might benefit the private interest of a member of the Board of Directors or Medical Board of the Organization.

Part I. Acknowledgment of Receipt

I hereby acknowledge that I have received a copy of the Organization’s Conflict of Interest Policy, that I have read and understood it, and I hereby agree to comply with its terms.

_________________________________________  _______________________________________
Signature                                      Date

_________________________________________
Printed Name

Part II. Disclosure of Financial Interests

The Organization is required annually to file Form 990 with the Internal Revenue Service, and the form the Organization files is available to the public. To complete Form 990 fully and accurately, we need each member of the Board of Directors and Medical Board of the Organization to disclose the information requested in this Part II. A “conflict of interest,” for purposes of Form 990, arises when a person in position of authority over an organization, such as a member of the Board of Directors or Medical Board of the Organization, may benefit financially from a decision he or she could make in such capacity, including indirect benefits such as to family members or businesses with which the person is closely associated.
**Part II** Please check ONE of the following boxes:

- [ ] My interests and relationships have not changed since my last disclosure of interests. 
  [Proceed to signature block below. Do not complete the tables.]
  
  OR

- [ ] I hereby disclose or update my interests and relationships that could give rise to a conflict of interest: [Complete the table below. Use additional pages as needed.]

<table>
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<tr>
<th>Family Relationships</th>
<th>Names of those presenting a potential conflict of interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include spouse/domestic partner, living ancestors, brothers and sisters (whether whole or half blood), children (whether natural or adopted), grandchildren, great grandchildren, and spouses/domestic partners of brothers, sisters, children, grandchildren, and great grandchildren</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of interest</th>
<th>Description of interest that could lead to a conflict of interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transactions or arrangements with the Organization</td>
<td></td>
</tr>
<tr>
<td>Transactions or affiliations with other nonprofit organizations</td>
<td></td>
</tr>
<tr>
<td>Substantial business or investment holdings</td>
<td></td>
</tr>
<tr>
<td>Transactions or affiliations with businesses not listed above</td>
<td></td>
</tr>
</tbody>
</table>

I am not aware of any financial interest involving me or a family member that could present a conflict of interest that I have not disclosed either above or in a previous disclosure statement.

_________________________    _______________________
Signature        Date

_________________________
Printed Name

*Amended and approved by Board of Directors June 9, 2017*
Finances

*Current Year Budget – FY18*

Budgeted Revenue $14,522,000
Budgeted Expenses $13,981,556
Net Increase $ 540,444

Revenue is budgeted at a 6% increase over FY2017 forecasted revenue

*The Budget focuses on STRATEGIC GOALS*

1: Accelerate discovery to cure psoriatic disease
2: Dramatically improve health outcomes for all with psoriatic disease
3: Secure resources to achieve the mission

---

National Psoriasis Foundation  --  Budget Assumptions FY2017-18
The proposed budget for FY2017-18 was prepared with the FY15-FY19 Strategic Plan as the guiding principle. Below are highlights of how the budget aligns with the Strategic Plan.

**Goal 1: Accelerate discovery to cure psoriatic disease**

- 20% of direct expenses are for research activities – does not include payroll or allocated overhead
- Research awards are budgeted at $2,245,000
- Continuation of the Citizen Pscientist program and a grant funded project to validate the data
- Enhance website portal for researchers and grant applicants
- Development expenses to relocate the BioBank to an academic site and facilitate further research
- Research Symposium to be held in conjunction with the National Volunteer Conference in Chicago
- Research Trainee Symposium to be held in Portland for early career investigators

**Goal 2: Dramatically improve health outcomes for all with psoriatic disease**

- Annual survey panels for data to measure psoriatic disease as a problem in everyday life and appropriate treatment for level of severity of disease
- Marketing materials to promote Patient Navigation Center (PNC) to patients, caregivers and health care providers and to increase participation in services offered with a goal of serving 7,200 new patients in the PNC’s second year (from February 2017 through February 2018)
- Production of targeted advertising awareness campaigns, websites, webinars and videos to increase the number of patients treating their disease to the appropriate level of severity
- Continuation of education programs for patients through Be Joint Smart, More Than Skin Deep, webinars and website
- Medical Education (CME) for medical professionals with 58 programs educating 1,000 providers
- Continuation of state lobby days related to step therapy and to build on the dozen states with patient protections
- Capitol Hill Day fly-in
- Lead national conversation on value of therapies and access to chronic disease treatments as follow up to ICER assessment for psoriasis and payer and employer roundtables
- Updates to e-book Pocket Guide for medical professionals to use in diagnosis
Goal 3: Secure resources to achieve the mission

- Increase in budgeted revenue for FY18 over FY17 forecast by $772,000 or 6%
  - Add cycling events for a total of nine events
  - Commit to Cure galas – New York and Tampa
    - Continue and increase Team NPF Other Events - twelve bingo events, over thirty runs and golf events
    - Increases in annual giving – continue acquisition campaign utilizing outside vendor, work with marketing team to promote Treat to Target, Patient Navigation Center and research through annual appeal campaigns, implement monthly giving campaign, increase online giving collateral on website
  - Explore family foundations for support of NPF programs
  - Unrestricted educational grants to support CME programs
  - Marketing awareness campaign and other targeted patient and provider campaigns
  - Grow and cultivate volunteers for all programs including regional advocacy action networks (currently 3)
<table>
<thead>
<tr>
<th>REVENUE AND OTHER SUPPORT</th>
<th>FORECAST 2016-17 YE results</th>
<th>BUDGET Fiscal Year 2016-17</th>
<th>BUDGET Fiscal Year 2017-18</th>
<th>Increase (Decrease) 2017-18</th>
<th>% Increase (Decrease)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual giving</td>
<td>1,090,000</td>
<td>1,220,000</td>
<td>1,155,000</td>
<td>105,000</td>
<td>10%</td>
</tr>
<tr>
<td>Major gifts</td>
<td>1,900,000</td>
<td>1,200,000</td>
<td>1,625,000</td>
<td>(475,000)</td>
<td>-14%</td>
</tr>
<tr>
<td>Bequests</td>
<td>100,000</td>
<td>100,000</td>
<td>100,000</td>
<td>-</td>
<td>0%</td>
</tr>
<tr>
<td>Special events</td>
<td>2,400,000</td>
<td>2,520,000</td>
<td>3,377,000</td>
<td>817,000</td>
<td>37%</td>
</tr>
<tr>
<td>Corporate partnerships</td>
<td>6,240,000</td>
<td>6,210,000</td>
<td>6,260,000</td>
<td>20,000</td>
<td>0%</td>
</tr>
<tr>
<td>Transactional Campaigns (includes realized investment earnings/losses)</td>
<td>1,450,000</td>
<td>1,550,000</td>
<td>1,320,000</td>
<td>(130,000)</td>
<td>-9%</td>
</tr>
<tr>
<td>Advertising</td>
<td>530,000</td>
<td>720,000</td>
<td>685,000</td>
<td>135,000</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Total revenue and other support</strong></td>
<td><strong>13,750,000</strong></td>
<td><strong>13,500,000</strong></td>
<td><strong>14,522,000</strong></td>
<td><strong>772,000</strong></td>
<td><strong>6%</strong></td>
</tr>
<tr>
<td>SALARIES, BENEFITS &amp; TAXES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headcount</td>
<td>65</td>
<td>75</td>
<td>73</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>PROGRAM EXPENSES</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient education &amp; outreach</td>
<td>821,219</td>
<td>865,514</td>
<td>1,152,705</td>
<td>361,490</td>
<td>44%</td>
</tr>
<tr>
<td>Medical education &amp; outreach</td>
<td>1,162,931</td>
<td>908,504</td>
<td>1,012,922</td>
<td>(150,029)</td>
<td>-13%</td>
</tr>
<tr>
<td>Public awareness</td>
<td>222,956</td>
<td>257,150</td>
<td>574,750</td>
<td>352,604</td>
<td>158%</td>
</tr>
<tr>
<td>Advocacy/government relations</td>
<td>345,500</td>
<td>370,500</td>
<td>375,250</td>
<td>5,750</td>
<td>2%</td>
</tr>
<tr>
<td>Research/SciBank</td>
<td>2,684,982</td>
<td>2,023,809</td>
<td>2,617,015</td>
<td>152,033</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Total program expenses</strong></td>
<td><strong>5,237,508</strong></td>
<td><strong>5,809,068</strong></td>
<td><strong>5,962,646</strong></td>
<td><strong>753,578</strong></td>
<td><strong>14%</strong></td>
</tr>
<tr>
<td>DEVELOPMENT, MANAGEMENT &amp; GENERAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Management &amp; general</td>
<td>1,108,267</td>
<td>1,148,287</td>
<td>1,115,586</td>
<td>7,319</td>
<td>1%</td>
</tr>
<tr>
<td>Development expenses</td>
<td>1,366,260</td>
<td>1,199,862</td>
<td>1,133,624</td>
<td>(150,350)</td>
<td>-4%</td>
</tr>
<tr>
<td>Capital expenditures: equipment and furniture</td>
<td>65,500</td>
<td>68,500</td>
<td>20,000</td>
<td>(48,500)</td>
<td>-71%</td>
</tr>
<tr>
<td>Total development, management &amp; general</td>
<td>2,335,027</td>
<td>2,416,649</td>
<td>2,274,210</td>
<td>(83,437)</td>
<td>-4%</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>12,994,515</strong></td>
<td><strong>13,474,897</strong></td>
<td><strong>13,701,556</strong></td>
<td><strong>977,041</strong></td>
<td><strong>8%</strong></td>
</tr>
<tr>
<td>INCREASE (DECREASE) TO NET ASSETS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer from Endowment</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL INCREASE (DECREASE)</strong></td>
<td><strong>755,485</strong></td>
<td><strong>28,103</strong></td>
<td><strong>540,444</strong></td>
<td><strong>(215,041)</strong></td>
<td><strong>-28%</strong></td>
</tr>
</tbody>
</table>
### Individual Giving/Major Gifts

<table>
<thead>
<tr>
<th></th>
<th>Forecast 2016-17</th>
<th>Budget Fiscal Year 2016-17</th>
<th>Budget Fiscal Year 2017-18</th>
<th>Increase (Decrease) 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership renewals/annual giving</td>
<td>760,000</td>
<td>920,000</td>
<td>831,000</td>
<td>71,000</td>
</tr>
<tr>
<td>President's Council &amp; professional members</td>
<td>150,000</td>
<td>150,000</td>
<td>155,000</td>
<td>25,000</td>
</tr>
<tr>
<td>Workplace giving &amp; corporate matching</td>
<td>160,000</td>
<td>170,000</td>
<td>169,000</td>
<td>9,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1,070,000</td>
<td>1,220,000</td>
<td>1,155,000</td>
<td>105,000</td>
</tr>
</tbody>
</table>

**Major Giving**

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>1,900,000</td>
<td>1,200,000</td>
<td>1,625,000</td>
<td>275,000</td>
</tr>
</tbody>
</table>

### Planned Giving

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Requests</strong></td>
<td>100,000</td>
<td>100,000</td>
<td>100,000</td>
<td></td>
</tr>
</tbody>
</table>
### SPECIAL EVENTS

<table>
<thead>
<tr>
<th></th>
<th>FORECAST 2016-17</th>
<th>BUDGET Fiscal Year 2016-17</th>
<th>BUDGET Fiscal Year 2017-18</th>
<th>$ Increase (Decrease) 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northwest</td>
<td>59,000</td>
<td>100,000</td>
<td>171,000</td>
<td>81,000</td>
</tr>
<tr>
<td>Northeast</td>
<td>508,800</td>
<td>432,000</td>
<td>362,500</td>
<td>(146,300)</td>
</tr>
<tr>
<td>Midwest</td>
<td>159,000</td>
<td>225,000</td>
<td>207,500</td>
<td>48,500</td>
</tr>
<tr>
<td>North California</td>
<td>99,000</td>
<td>175,000</td>
<td>205,000</td>
<td>106,000</td>
</tr>
<tr>
<td>South California</td>
<td>115,000</td>
<td>180,000</td>
<td>150,000</td>
<td>35,000</td>
</tr>
<tr>
<td>LA Metros</td>
<td>95,700</td>
<td>100,000</td>
<td>190,000</td>
<td>94,300</td>
</tr>
<tr>
<td>South East</td>
<td>45,000</td>
<td>80,000</td>
<td>265,000</td>
<td>220,000</td>
</tr>
<tr>
<td>Midatlantic</td>
<td>45,000</td>
<td>80,000</td>
<td>108,000</td>
<td>63,000</td>
</tr>
<tr>
<td>South Central</td>
<td>114,000</td>
<td>195,000</td>
<td>203,000</td>
<td>89,000</td>
</tr>
<tr>
<td>Corporate sponsors and miscellaneous events</td>
<td>1,188,500</td>
<td>953,000</td>
<td>1,515,000</td>
<td>326,500</td>
</tr>
<tr>
<td><strong>Total special events</strong></td>
<td><strong>2,460,000</strong></td>
<td><strong>2,520,000</strong></td>
<td><strong>3,377,000</strong></td>
<td><strong>917,000</strong></td>
</tr>
</tbody>
</table>

**Direct Event Expenses**

- (704,612)  
- (704,612)  
- (685,724)  
- 18,888

**Net special events**

- 1,755,388  
- 1,815,388  
- 2,691,276  
- 935,888

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<table>
<thead>
<tr>
<th>CORPORATE PARTNERSHIPS</th>
<th>FORECAST 2016-17 YE results</th>
<th>BUDGET Fiscal Year 2016-17</th>
<th>BUDGET Fiscal Year 2017-18</th>
<th>$ Increase (Decrease) 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporate</td>
<td>$ 2,100,000</td>
<td>$ 1,500,000</td>
<td>$ 2,200,000</td>
<td>$ 100,000</td>
</tr>
<tr>
<td>Other Corporate - Project Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advocacy</td>
<td>500,000</td>
<td>750,000</td>
<td>600,000</td>
<td>300,000</td>
</tr>
<tr>
<td>Patient Education</td>
<td>1,450,000</td>
<td>2,050,000</td>
<td>1,150,000</td>
<td>(300,000)</td>
</tr>
<tr>
<td>More Than Skin Deep</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer Leadership Conference</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One to One</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Be Joint Smart</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Custom programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Education</td>
<td>590,000</td>
<td>550,000</td>
<td>520,000</td>
<td>(70,000)</td>
</tr>
<tr>
<td>Resident's meeting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dermatology/Rheumatology</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare Prof. Expansion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pocket Guide e-Book</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Initiative</td>
<td>725,000</td>
<td>1,035,000</td>
<td>640,000</td>
<td>(395,000)</td>
</tr>
<tr>
<td>Fellowship grant funding</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Treat to Target/Research Papers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research Symposium</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marketing Campaigns</td>
<td>725,000</td>
<td>225,000</td>
<td>1,000,000</td>
<td>275,000</td>
</tr>
<tr>
<td>Product certification</td>
<td>150,000</td>
<td>100,000</td>
<td>150,000</td>
<td>-</td>
</tr>
<tr>
<td>Other Corporate</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous projects</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The budget is based on conversations with corporate partners, their history of supporting the Foundation and each corporate partner's current support level and any changes anticipated in their support.

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## Transactional Campaigns

<table>
<thead>
<tr>
<th></th>
<th>Forecast 2016-17</th>
<th>Budget Fiscal Year 2016-17</th>
<th>Budget Fiscal Year 2017-18</th>
<th>Increase (Decrease) 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Trial &amp; Market Research</td>
<td>300,000</td>
<td>300,000</td>
<td>200,000</td>
<td>(100,000)</td>
</tr>
<tr>
<td></td>
<td>Membership funding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Research volunteer recruitment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surveys</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuing Medical Education (CME)</td>
<td>800,000</td>
<td>900,000</td>
<td>615,000</td>
<td>(185,000)</td>
</tr>
<tr>
<td>CORRONA</td>
<td>260,000</td>
<td>260,000</td>
<td>400,000</td>
<td>140,000</td>
</tr>
<tr>
<td></td>
<td>Patient Registry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest, Dividends &amp; Realized Gains/Losses</td>
<td>80,000</td>
<td>80,000</td>
<td>90,000</td>
<td>10,000</td>
</tr>
<tr>
<td>Other</td>
<td>10,000</td>
<td>10,000</td>
<td>15,000</td>
<td>5,000</td>
</tr>
<tr>
<td></td>
<td>Sale of Physician of Literature</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Registration fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Exhibitor fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>BioBank</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Miscellaneous</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Transactional Campaigns</strong></td>
<td><strong>1,450,000</strong></td>
<td><strong>1,550,000</strong></td>
<td><strong>1,320,000</strong></td>
<td><strong>(130,000)</strong></td>
</tr>
</tbody>
</table>
SALARIES, FRINGE BENEFITS AND TAXES

<table>
<thead>
<tr>
<th></th>
<th>FORECAST 2016-17 YE results</th>
<th>BUDGET Fiscal Year 2016-17</th>
<th>BUDGET Fiscal Year 2017-18</th>
<th>Increase (Decrease) 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5,299,100</td>
<td>5,540,100</td>
<td>5,744,700</td>
<td>345,520</td>
</tr>
</tbody>
</table>

Budgeted increases over forecast 2016-17

- Budgeted merit increase 3%
- New positions - 1 part-time position
- Turnover
- 401(k) - budgeted at 80% participation
- Staff incentive

Total 131,000

- The fringe benefits and taxes are calculated based on actual expenses which are then converted into a multiplier of 1.262% for 2017-18.
- Included in the budget for 2017-18 is the employer match for the 401(k) plan assuming 80% participation from employees. The match is 100% of the first 5% contributed by each employee.
- Staff incentive plan is budgeted at $75,000 for FY2018.
- Staff turnover (breakage) is assumed at 5% annually with sixty days recruitment time.
- The expenses for this line item are allocated to programs based on headcount analysis.
# Patient & Medical Professional Education and Services

<table>
<thead>
<tr>
<th></th>
<th>Forecast 2016-17</th>
<th>Budget Fiscal Year 2016-17</th>
<th>Budget Fiscal Year 2017-18</th>
<th>% Increase (Decrease) 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pediatric Education - Outreach</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Piosum Advance</td>
<td>229,130</td>
<td>203,130</td>
<td>253,000</td>
<td>24,870</td>
</tr>
<tr>
<td>National Volunteer Conference (August 2017)</td>
<td>6,772</td>
<td>6,772</td>
<td>357,447</td>
<td>359,675</td>
</tr>
<tr>
<td>Patient Navigation Center</td>
<td>349,918</td>
<td>411,418</td>
<td>368,365</td>
<td>22,447</td>
</tr>
<tr>
<td>Community Literature - printing &amp; shipping costs (booklets, Information Packet, Annual Report)</td>
<td>35,600</td>
<td>42,000</td>
<td>6,825</td>
<td>(28,775)</td>
</tr>
<tr>
<td>Education seminar (MTSD, RJS, Mentor, webinars, other)</td>
<td>200,209</td>
<td>209,709</td>
<td>169,607</td>
<td>(30,602)</td>
</tr>
<tr>
<td>Support groups</td>
<td>2,630</td>
<td>2,630</td>
<td>2,085</td>
<td>(545)</td>
</tr>
<tr>
<td>Youth program including website design and welcome kit</td>
<td>1,960</td>
<td>6,155</td>
<td>25,560</td>
<td>23,410</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>823,219</td>
<td>881,014</td>
<td>1,182,709</td>
<td>361,690</td>
</tr>
</tbody>
</table>

| **Medical Education - Outreach** |                  |                           |                           |                             |
| Journal of Psoriasis and Psoriatic Arthritis | 78,750          | 88,550                    | 69,550                    | (9,200)                     |
| Residents training        | 170,055          | 175,652                   | 172,978                   | 2,913                       |
| Dermatology & Rheumatology Training Symposium | 58,426          | 58,426                    | 75,286                    | 16,860                      |
| Dermatology Residency     | 81,805           | 81,805                    | 84,634                    | 2,829                       |
| AAD - American Academy of Dermatology | 43,930          | 43,930                    | 43,930                    |                             |
| Conferences and exhibiting | 16,083           | 16,083                    | 24,623                    | 8,540                       |
| **CME - Continuing Medical Education** | 487,793          | 384,993                   | 373,296                   | (84,497)                    |
| Professional outreach - HCP directory, Pocket Guide | 45,234          | 53,500                    | 61,500                    | 18,266                      |
| AAD / ACR Guidelines      | 150,000          |                           | 60,000                    | (90,000)                    |
| Meetings and travel       | 46,085           | 46,085                    | 14,445                    | (31,640)                    |
| Medical board             | 15,980           | 15,980                    | 15,980                    |                             |
| **Total**                 | 1,162,951        | 598,894                   | 1,012,922                 | (150,029)                   |
## PUBLIC RELATIONS

<table>
<thead>
<tr>
<th>Category</th>
<th>Forecast 2016-17</th>
<th>Budget Fiscal Year 2016-17</th>
<th>Budget Fiscal Year 2017-18</th>
<th>Increase (Decrease) 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>News clipping, Press Ambassadors, Satellite marketing tour</td>
<td>26,140</td>
<td>32,000</td>
<td>101,000</td>
<td>74,960</td>
</tr>
<tr>
<td>Promote Awareness Campaigns - including Promote Awareness Month</td>
<td>395</td>
<td>10,000</td>
<td>3,900</td>
<td>3,105</td>
</tr>
<tr>
<td>Website</td>
<td>129,604</td>
<td>148,600</td>
<td>159,950</td>
<td>30,346</td>
</tr>
<tr>
<td>International relations (IPPA)</td>
<td>10,000</td>
<td>10,000</td>
<td>7,500</td>
<td>(2,500)</td>
</tr>
<tr>
<td>Marketing and advertising campaigns</td>
<td>-</td>
<td>255,000</td>
<td>255,000</td>
<td>255,000</td>
</tr>
<tr>
<td>Department expenses (includes copyrights, trademarks, fonts, etc and dept. training)</td>
<td>56,517</td>
<td>56,550</td>
<td>47,800</td>
<td>(8,717)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>222,656</strong></td>
<td><strong>257,150</strong></td>
<td><strong>574,750</strong></td>
<td><strong>352,094</strong></td>
</tr>
</tbody>
</table>
**ADVOCACY/GOVERNMENT RELATIONS**

<table>
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<tr>
<th></th>
<th>FORECAST 2016-17</th>
<th>BUDGET Fiscal Year 2016-17</th>
<th>BUDGET Fiscal Year 2017-18</th>
<th>$ Increase (Decrease) 2017-18</th>
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</thead>
<tbody>
<tr>
<td>Legislative YE</td>
<td>21,750</td>
<td>21,750</td>
<td>16,100</td>
<td>(5,650)</td>
</tr>
<tr>
<td>Government relations</td>
<td>362,000</td>
<td>162,000</td>
<td>162,000</td>
<td>-</td>
</tr>
<tr>
<td>Capitol Hill events</td>
<td>50,050</td>
<td>50,050</td>
<td>30,050</td>
<td>(20,000)</td>
</tr>
<tr>
<td>Action Network</td>
<td>20,000</td>
<td>20,000</td>
<td>20,000</td>
<td>-</td>
</tr>
<tr>
<td>State advocacy</td>
<td>81,100</td>
<td>81,100</td>
<td>126,500</td>
<td>45,400</td>
</tr>
<tr>
<td>Insurance access</td>
<td>20,000</td>
<td>20,000</td>
<td>20,000</td>
<td>(10,000)</td>
</tr>
<tr>
<td></td>
<td>365,500</td>
<td>370,500</td>
<td>375,250</td>
<td>9,750</td>
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</table>
### RESEARCH

<table>
<thead>
<tr>
<th></th>
<th>FORECAST 2016-17</th>
<th>BUDGET Fiscal Year 2016-17</th>
<th>BUDGET Fiscal Year 2017-18</th>
<th>$ Increase (Decrease) 2017-18</th>
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</thead>
<tbody>
<tr>
<td>Bloodbank</td>
<td>34,500</td>
<td>46,000</td>
<td>74,000</td>
<td>39,500</td>
</tr>
<tr>
<td>Research grants</td>
<td>2,295,500</td>
<td>2,505,500</td>
<td>2,205,250</td>
<td>(50,250)</td>
</tr>
<tr>
<td>Research Symposium / Early Career Symposium</td>
<td>42,000</td>
<td>58,400</td>
<td>241,515</td>
<td>199,433</td>
</tr>
<tr>
<td>Survey panels</td>
<td>32,000</td>
<td>48,000</td>
<td>42,000</td>
<td>10,000</td>
</tr>
<tr>
<td>Citizen Scientists (PPRN)</td>
<td>180,050</td>
<td>230,050</td>
<td>165,100</td>
<td>(64,950)</td>
</tr>
<tr>
<td>Research program activities (travel, meeting support, dues, professional svs.)</td>
<td>120,850</td>
<td>135,850</td>
<td>91,150</td>
<td>(29,700)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,664,982</strong></td>
<td><strong>3,023,800</strong></td>
<td><strong>2,817,015</strong></td>
<td><strong>152,033</strong></td>
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</tbody>
</table>
OVERHEAD EXPENSES (MANAGEMENT & GENERAL)

<table>
<thead>
<tr>
<th>Item</th>
<th>Forecast 2016-17</th>
<th>BUDGET Fiscal Year 2016-17</th>
<th>BUDGET Fiscal Year 2017-18</th>
<th>$ Increase (Decrease) 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>316,120</td>
<td>316,120</td>
<td>345,778</td>
<td>(342)</td>
</tr>
<tr>
<td>Board of trustee meeting expenses</td>
<td>70,000</td>
<td>70,000</td>
<td>75,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Office supplies (printing, postage, IT, mail)</td>
<td>56,840</td>
<td>56,840</td>
<td>55,600</td>
<td>(1,240)</td>
</tr>
<tr>
<td>Telecommunications</td>
<td>30,300</td>
<td>33,000</td>
<td>27,580</td>
<td>(5,420)</td>
</tr>
<tr>
<td>Software and equipment maintenance</td>
<td>63,788</td>
<td>63,788</td>
<td>121,423</td>
<td>57,640</td>
</tr>
<tr>
<td>Insurance</td>
<td>44,000</td>
<td>44,000</td>
<td>31,000</td>
<td>(13,000)</td>
</tr>
<tr>
<td>Bank fees</td>
<td>47,500</td>
<td>47,500</td>
<td>47,500</td>
<td>0</td>
</tr>
<tr>
<td>Credit card processing fees</td>
<td>60,000</td>
<td>60,000</td>
<td>60,000</td>
<td>0</td>
</tr>
<tr>
<td>Recruiting</td>
<td>79,000</td>
<td>79,000</td>
<td>79,450</td>
<td>450</td>
</tr>
<tr>
<td>Annual audit</td>
<td>22,000</td>
<td>22,000</td>
<td>25,000</td>
<td>3,000</td>
</tr>
<tr>
<td>Mail center</td>
<td>11,669</td>
<td>11,669</td>
<td>11,500</td>
<td>(169)</td>
</tr>
<tr>
<td>Training and organizational development</td>
<td>85,000</td>
<td>92,900</td>
<td>54,750</td>
<td>(29,150)</td>
</tr>
<tr>
<td>Reporting and filing fees</td>
<td>12,000</td>
<td>12,000</td>
<td>12,000</td>
<td>0</td>
</tr>
<tr>
<td>Other operating expense</td>
<td>163,650</td>
<td>191,970</td>
<td>151,500</td>
<td>(12,150)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>47,500</td>
<td>47,500</td>
<td>47,500</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,108,267</strong></td>
<td><strong>1,148,287</strong></td>
<td><strong>1,115,886</strong></td>
<td><strong>7,319</strong></td>
</tr>
</tbody>
</table>

These expenses are allocated to program budgets based on headcount per department.
<table>
<thead>
<tr>
<th></th>
<th>FORECAST 2016-17</th>
<th>BUDGET Fiscal Year 2016-17</th>
<th>BUDGET Fiscal Year 2017-18</th>
<th>% Increase (Decrease) 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct mail - membership solicitations (e candies)</td>
<td>37,000</td>
<td>47,000</td>
<td>55,000</td>
<td>(2,000)</td>
</tr>
<tr>
<td>Direct mail - Holiday</td>
<td>50,000</td>
<td>60,000</td>
<td>60,000</td>
<td>-</td>
</tr>
<tr>
<td>Direct mail - Spring</td>
<td>60,000</td>
<td>60,000</td>
<td>60,000</td>
<td>-</td>
</tr>
<tr>
<td>Direct mail - Summer</td>
<td>14,000</td>
<td>15,000</td>
<td>15,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Direct mail - new member solicitations/acquisitions</td>
<td>2,500</td>
<td>2,500</td>
<td>3,500</td>
<td>1,000</td>
</tr>
<tr>
<td>Corporate relations</td>
<td>50,000</td>
<td>50,000</td>
<td>70,000</td>
<td>(14,800)</td>
</tr>
<tr>
<td>Major donor direct cultivation</td>
<td>46,000</td>
<td>52,000</td>
<td>52,000</td>
<td>(5,000)</td>
</tr>
<tr>
<td>Team NPE and events</td>
<td>704,612</td>
<td>704,612</td>
<td>685,724</td>
<td>(18,888)</td>
</tr>
<tr>
<td>Community development - department expense</td>
<td>103,300</td>
<td>103,300</td>
<td>83,750</td>
<td>(19,550)</td>
</tr>
<tr>
<td>Development - department expenses</td>
<td>40,448</td>
<td>34,050</td>
<td>34,050</td>
<td>2,602</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,186,260</strong></td>
<td><strong>1,199,862</strong></td>
<td><strong>1,133,624</strong></td>
<td><strong>(52,636)</strong></td>
</tr>
</tbody>
</table>
# NATIONAL PSORIASIS FOUNDATION

Cash Forecast

at June 30, 2018

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated cash balance July 1, 2017</td>
<td>$4,794,512</td>
</tr>
<tr>
<td>Revenue</td>
<td>14,522,000</td>
</tr>
<tr>
<td>Expenses</td>
<td>(13,582,000)</td>
</tr>
<tr>
<td>Estimated balance June 30, 2018</td>
<td>$5,234,512</td>
</tr>
<tr>
<td>Estimated market value endowment at June 30, 2018</td>
<td>$3,240,000</td>
</tr>
<tr>
<td>Cash in general fund at June 30, 2018</td>
<td>2,094,512</td>
</tr>
<tr>
<td></td>
<td>$5,234,512</td>
</tr>
</tbody>
</table>
### National Psoriasis Foundation

**Cash Reserve Calculation**

**Fiscal Year 2017-18**

<table>
<thead>
<tr>
<th>Monthly fixed operating costs</th>
<th>2017-18 Budget</th>
<th>2016-17 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries &amp; benefits</td>
<td>$478,725</td>
<td>$462,432</td>
</tr>
<tr>
<td>Rent</td>
<td>31,650</td>
<td>30,727</td>
</tr>
<tr>
<td>Telecommunications and IT supplies</td>
<td>7,298</td>
<td>4,316</td>
</tr>
<tr>
<td>Insurance</td>
<td>2,583</td>
<td>3,667</td>
</tr>
<tr>
<td>State filing fees</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Website hosting &amp; maintenance</td>
<td>5,500</td>
<td>2,092</td>
</tr>
<tr>
<td>Other</td>
<td>40,000</td>
<td>10,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$566,757</strong></td>
<td><strong>$544,232</strong></td>
</tr>
</tbody>
</table>

**Three months of expenses**

<table>
<thead>
<tr>
<th>2017-18</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,700,000</td>
<td>$1,600,000</td>
</tr>
</tbody>
</table>
Organizational Information

Organizational Chart of Board of Directors

Pete Redding
Chair

Chip Newton
Chair-Elect

Carol Ostrow
Vice Chair

Terri Theisen
Treasurer

Ron Grau
Secretary

Abby Van Voorhees
M.D., Director

Benjamin Lockshin
M.D., Director

Eyal Ofir
Director

Jason Licht, MD
Director

Mark Oberman
Director

Matthew Kiselica
Director

Nate Paul
Director

Pete Miller
Director

Rick Seiden
Director

Steve Bishkoff
Director

Colby Evans, M.D.
Immediate Past Chair
Ex Officio

Kathleen Gallant
IFPA Representative
Ex Officio

Randy Beranek
President & CEO
Ex Officio
Organizational Chart of Volunteers

Medical Board
Chair: Abby Van Voorhees, M.D.

Committees

Executive
Pete Redding

Audit
Chip Newton

Governance
Carol Ostrow

Development
Carol Ostrow

Finance
Terri Theisen

Research
Colby Evans, M.D.

Outreach
Matt Kiselica

Advocacy
Steve Bishkoff

Scientific Advisory
K. Cooper, M.D.

Board of Directors
Chair: Pete Redding

Chair-Elect
Chip Newton

Vice-Chair
Carol Ostrow

Treasurer
Terri Theisen

Secretary
Ron Grau

Immediate Past-Chair
Colby Evans, M.D.

President & CEO
Randy Beranek

Community Division

Mid-Atlantic
Kelly Russo

Northeast
Kim Schleyer

South Central
Noreen Kennedy

Midwest
Deb Bernard

So. California
Liz DiGeronimo

No. California
Daniel Schneider

Northwest
Brian Willms

S. East
Kristen Petillo

LA Metro
Christina Berry

07.19.17 KB
<table>
<thead>
<tr>
<th>Ext</th>
<th>Name</th>
<th>Title</th>
<th>Office</th>
<th>Cell</th>
</tr>
</thead>
<tbody>
<tr>
<td>399</td>
<td>Adrian Hanigun</td>
<td>Information Technology Manager</td>
<td></td>
<td>Cell</td>
</tr>
<tr>
<td>406</td>
<td>Aliya Prescot</td>
<td>Cycling &amp; Endurance Events Coordinator - Midwest Region</td>
<td></td>
<td>Cell</td>
</tr>
<tr>
<td>503</td>
<td>Amy Kurtz</td>
<td>Patient Navigator</td>
<td>503.888.7093</td>
<td>Cell</td>
</tr>
<tr>
<td>531</td>
<td>Amy Prentice</td>
<td>State Government Relations Manager</td>
<td>503.546.5551</td>
<td>Cell</td>
</tr>
<tr>
<td>378</td>
<td>Angela Kwan</td>
<td>Editor</td>
<td></td>
<td>Cell</td>
</tr>
<tr>
<td>591</td>
<td>Ashley Lindberg</td>
<td>Patient Navigator</td>
<td>503.888.7091</td>
<td>Cell</td>
</tr>
<tr>
<td>369</td>
<td>Ben Griffin</td>
<td>Web Developer</td>
<td></td>
<td>Cell</td>
</tr>
<tr>
<td>360</td>
<td>Beth Miller</td>
<td>HR Coordinator</td>
<td></td>
<td>Cell</td>
</tr>
<tr>
<td>367</td>
<td>Bev Bronfield</td>
<td>Outreach Manager</td>
<td></td>
<td>Cell</td>
</tr>
<tr>
<td>362</td>
<td>Bev Bronfield</td>
<td>Outreach Manager</td>
<td>503.320.0573</td>
<td>Cell</td>
</tr>
<tr>
<td>394</td>
<td>Brian Willms</td>
<td>Community Development Manager - Northwest Region - Portland</td>
<td>503.539.1347</td>
<td>Cell</td>
</tr>
<tr>
<td>406</td>
<td>Bridget Hart</td>
<td>Director of Major Gifts</td>
<td>503.546.1055</td>
<td>Cell</td>
</tr>
<tr>
<td>375</td>
<td>Chelsi Verschuren</td>
<td>Medical Programs Coordinator</td>
<td></td>
<td>Cell</td>
</tr>
<tr>
<td>417</td>
<td>Chris Polanchy</td>
<td>Cycling &amp; Endurance Events Coordinator - Northeast Region</td>
<td></td>
<td>Cell</td>
</tr>
<tr>
<td>561</td>
<td>Christina Berry</td>
<td>Community Development Manager - Greater LA Region - Los Angeles</td>
<td>503.546.5561</td>
<td>Cell</td>
</tr>
<tr>
<td>376</td>
<td>Christy Lents</td>
<td>Corporate Relations Coordinator</td>
<td></td>
<td>Cell</td>
</tr>
<tr>
<td>414</td>
<td>Conference Room A</td>
<td>Portland Large Conference Room</td>
<td></td>
<td>Cell</td>
</tr>
<tr>
<td>371</td>
<td>Conference Room B</td>
<td>Portland Small Conference Room</td>
<td></td>
<td>Cell</td>
</tr>
<tr>
<td>569</td>
<td>Conference Room C</td>
<td>Washington DC Office</td>
<td></td>
<td>Cell</td>
</tr>
<tr>
<td>418</td>
<td>Corene Pettit</td>
<td>Outreach Manager</td>
<td></td>
<td>Cell</td>
</tr>
<tr>
<td>385</td>
<td>Courtney Schneider</td>
<td>Director of Strategic Alliances</td>
<td></td>
<td>Cell</td>
</tr>
<tr>
<td>566</td>
<td>Daniel Schneider</td>
<td>Community Development Manager - No. CA Region - San Francisco</td>
<td>503.546.5566</td>
<td>Cell</td>
</tr>
<tr>
<td>397</td>
<td>David Roberts</td>
<td>Grant Writer</td>
<td></td>
<td>Cell</td>
</tr>
<tr>
<td>410</td>
<td>Deborah Barnard</td>
<td>Associate Director of Field Operations</td>
<td>954.873.5948</td>
<td>Cell</td>
</tr>
<tr>
<td>395</td>
<td>Emily Boyd</td>
<td>Vice President of Strategic Alliances &amp; Clinical Affairs</td>
<td></td>
<td>Cell</td>
</tr>
<tr>
<td>386</td>
<td>Heather Miller</td>
<td>Meeting &amp; Events Manager</td>
<td></td>
<td>Cell</td>
</tr>
<tr>
<td>509</td>
<td>Jennifer Nguyen</td>
<td>Education Coordinator</td>
<td>503.888.7090</td>
<td>Cell</td>
</tr>
<tr>
<td>382</td>
<td>Jeremy Hall</td>
<td>Director of Field Operations</td>
<td></td>
<td>Cell</td>
</tr>
<tr>
<td>559</td>
<td>Jessica Nago</td>
<td>Federal Government Relations &amp; Health Policy Manager</td>
<td>503.546.5559</td>
<td>Cell</td>
</tr>
<tr>
<td>384</td>
<td>John Ogden</td>
<td>Director of Marketing &amp; Communications</td>
<td></td>
<td>Cell</td>
</tr>
<tr>
<td>392</td>
<td>Judy Stevenson</td>
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<td>552</td>
<td>Kelly Russo</td>
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<td>573</td>
<td>Kimberly Brut</td>
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<td>563</td>
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<td>Mercy Rivera</td>
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<td>372</td>
<td>Michael Siegel</td>
<td>Vice President of Research Programs</td>
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<td>415</td>
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<td>366</td>
<td>Randy Beranek</td>
<td>President &amp; CEO</td>
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<td>Saghur Atian</td>
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<td>Vice President of Training &amp; Organizational Development</td>
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<td>Research Programs Coordinator</td>
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<td>Mail Center Manager</td>
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<td>Writer</td>
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<td>Sue Warren</td>
<td>Director of Individual Giving</td>
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<td>Susan Hardin</td>
<td>Medical Programs Manager</td>
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<tr>
<td>415</td>
<td>Veronica Lebedruek</td>
<td>Digital Strategy Manager</td>
<td></td>
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For dialing direct numbers:
- If the extension is 400 and under, the direct number will be 503.546.8"ext"
- If the extension is 500 and over, the direct number will be 503.546.5"Ext"
- For Navigation Center staff, the direct number will be 503.803.8"Ext"

<table>
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<tr>
<th>Department</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy/GR</td>
<td><a href="mailto:gteam@psoriasis.org">gteam@psoriasis.org</a></td>
</tr>
<tr>
<td>All Staff</td>
<td><a href="mailto:allstaff@psoriasis.org">allstaff@psoriasis.org</a></td>
</tr>
<tr>
<td>Field Operations</td>
<td><a href="mailto:FieldOperations@psoriasis.org">FieldOperations@psoriasis.org</a></td>
</tr>
<tr>
<td>Marketing/Communications</td>
<td><a href="mailto:marcom@psoriasis.org">marcom@psoriasis.org</a></td>
</tr>
<tr>
<td>Navigation Center Team</td>
<td><a href="mailto:NavigTeam@psoriasis.org">NavigTeam@psoriasis.org</a></td>
</tr>
<tr>
<td>Portland Office</td>
<td><a href="mailto:portland@psoriasis.org">portland@psoriasis.org</a></td>
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</table>
NPF Guide to Acronyms

NPF Guide to Acronyms

AAD: American Academy of Dermatology is the largest and most representative dermatology group in the United States. With a membership of more than 17,000, it represents virtually all practicing dermatologists in the United States, as well as a growing number of international dermatologists.

AAFP: American Academy of Family Practitioners.

AANP: American Academy of Nurse Practitioners. The accrediting body for nurse practitioner credit.

AARDA: AARDA is a national nonprofit health agency that advocates for research into the root causes of autoimmunity.

ACCME: The accrediting body that monitors adherence to policies and procedures related to continuing medical education.

ACR: The American College of Rheumatology is an organization of and for physicians, health professionals, and scientists that advances rheumatology through programs of education, research, advocacy and practice support that foster excellence in the care of people with arthritis and rheumatic and musculoskeletal diseases.

Ad Board: Advisory board for pharmaceutical companies.

AF: The Arthritis Foundation is the largest national nonprofit organization that supports the more than 100 types of arthritis and related conditions. With headquarters in Atlanta, the Arthritis Foundation has multiple offices located throughout the country, including DC and Seattle. We work closely with the AF on psoriatic arthritis and common issues affecting people with autoimmune diseases.

A-PreP: Allied Healthcare Provider Psoriasis Recognition Program. The NPF continuing education program for physician assistants and nurse practitioners. This program is offered as a 5-hour symposium and provides current information on treatment modalities and case studies.

BioBank: A unique repository of DNA (genetic) samples with associated clinical information. Will provide critically-needed materials for researchers to identify the genes responsible for the development of psoriasis and psoriatic arthritis. Formerly known as the National Psoriasis Foundation Tissue Bank.

CAT: A coalition led by the American College of Rheumatology (ACR) focused on advocating for H.R. 1600, the Patients’ Access to Treatments Act. H.R. 1600 would limit cost-sharing applicable to prescription drugs in a specialty drug tier to the amount applicable in a non-preferred brand drug tier.

CCIIO: Center for Consumer Information and Insurance Oversight is charged with helping implement many provisions of the Affordable Care Act. CCIIO oversees the implementation of the provisions related to private health insurance.

CDC: Centers for Disease Control and Prevention.

CME: Continuing Medical Education. Variations include CE (Continuing Education) and CNE (Continuing Nursing Education).
CSD: Coalition of Skin Diseases mission is to advocate on behalf of individuals with skin disease. The CSD also works closely with the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) to coordinate research efforts for all skin diseases.

CSRO: Coalition of State Rheumatology Organizations.

DEF/DERMCME: Dermatology Education Foundation and the name of their annual conference. An organization that provides education for PAs and NPs. Our partner for the 2016 A-PReP program.

DF: Dermatology Foundation. A private, non-profit organization that raises and distributes monies for the support of skin disease research by medical school dermatology departments.

DNA: Dermatology Nurses’ Association is a professional nursing organization committed to quality care through sharing knowledge and expertise. The core purpose of the DNA is to promote excellence in dermatologic care.

EULAR: European League Against Rheumatism

GRAPPA: Group for Research and Assessment of Psoriasis and Psoriatic Arthritis is organized exclusively for non-profit, educational, and scientific purposes, specifically to facilitate sharing of information related to psoriasis and psoriatic arthritis, networking among different medical disciplines that see psoriasis and psoriatic arthritis patients and to enhance research, diagnosis and treatment of psoriasis and psoriatic arthritis.

ICER: Institute for Clinical and Economic Review, a non-profit organization that evaluates evidence on the value of medical tests, treatments and delivery system innovations and moves that evidence into action to improve the health care system.

IDEOM: International Dermatology Outcomes Measures strives for the establishment of patient-centric outcomes to enhance the research and treatment of dermatological conditions.

IFPA: The International Federation of Psoriasis Associations (IFPA) is a non-profit organization made up of psoriasis associations from around the world. IFPA unites psoriasis associations so that their global campaign for improved medical care, greater public understanding and increased research will improve the lives of people who live with psoriasis and psoriatic arthritis and explore the challenges psoriasis presents to the international psoriasis community. Our key contact is NPF Board member Kathleen Gallant.

IPC: The International Psoriasis Council (IPC) is a dermatology led, global nonprofit organization dedicated to innovation across the full spectrum of psoriasis through research, education, and care. Our vision is to improve scientific knowledge and bring the best care to all patients with psoriasis.

LFA: The Lupus Foundation of America is a national nonprofit voluntary health organization focused on improving the quality of life for people with lupus. We work closely with the LFA on common issues affecting people with autoimmune diseases.

MAPRx: MAPRx is a coalition of patient, family caregiver and health professional organizations committed to safeguarding the well-being of patients with chronic diseases and disabilities under Medicare Prescription Drug Coverage. This coalition group is managed by LFA.
**MB/MAB:** NPF Medical Board (sometimes referred to as Medical Advisory Board)

**MODDERN:** The Modernize Our Drug and Diagnostics Evaluation and Regulatory Network Cures Act is focused on reforming the drug patent system to incentivize the development of therapies for conditions for which there a few or no treatments and creates incentives for the development of diagnostic tests. This legislation is spearheaded by the National Health Council.

**NCAPG:** The National Coalition of Autoimmune Patient Groups acts to consolidate the voice of autoimmune disease patients and to promote increased education, awareness, and research into all aspects of autoimmune diseases. This coalition group is run and led by AARDA.

**NHANES:** The National Health and Nutrition Examination Survey (NHANES) is a program of studies designed to assess the health and nutritional status of adults and children in the United States. The survey is unique in that it combines interviews and physical examinations.

**NHC:** National Health Council is made up of more than 100 national health-related organizations, the NHC's core membership includes approximately 50 of the nation's leading patient advocacy groups, which control its governance. Other members include professional and membership associations, nonprofit organizations with an interest in health, and major pharmaceutical, medical device, health insurance, and biotechnology companies.

**NHLBI:** National Heart, Lung, and Blood Institute provides global leadership for a research, training, and education program to promote the prevention and treatment of heart, lung, and blood diseases and enhance the health of all individuals so that they can live longer and more fulfilling lives.

**NIAMS:** National Institute of Arthritis and Musculoskeletal and Skin supports research into the causes, treatment, and prevention of arthritis and musculoskeletal and skin diseases; the training of basic and clinical scientists to carry out this research; and the dissemination of information on research progress in these diseases. Dr. Stephen Katz directs the institute.

**NIDDK:** National Institute of Diabetes and Digestive and Kidney Diseases conducts and supports medical research and research training and to disseminate science-based information on diabetes and other endocrine and metabolic diseases; digestive diseases, nutritional disorders, and obesity; and kidney, urologic, and hematologic diseases, to improve people’s health and quality of life.

**NIH:** National Institutes of Health. Federal agency that oversees federal funding of biomedical research.

**NMSS:** The National Multiple Sclerosis Society is a national nonprofit voluntary health organization focused on finding a cure for multiple sclerosis. NMSS has a 50-state network of chapters.

**NP:** Nurse Practitioner

**OHSU:** Oregon Health and Science University. The organization that currently accredits the NPF’s CME programs.

**PA:** Physician Assistant

**PATA:** H.R. 1600, the Patients' Access to Treatments Act. This bill would limit co-payment, co-insurance or other cost-sharing requirements that insurance plans require for so-called "specialty" medications. By reducing out-of-pocket costs, this legislation would make access to innovative and necessary
medications more available to patients with chronic, disabling or life-threatening conditions. This legislation is spearheaded by CAT.

**PBSA:** Patients for Biologics Safety & Access, a national coalition representing more than 20 patient advocacy organizations working to ensure that the voices and interests of patients are heard as the FDA considers approval of biosimilars.

**PCORI** – Patient-Centered Outcomes Research Institute is authorized by Congress to conduct research to provide information about the best available evidence to help patients and their health care providers make more informed decisions. PCORI’s research is intended to give patients a better understanding of the prevention, treatment and care options available, and the science that supports those options.

**PFDD:** Patient Focused Drug Development Initiative at the FDA.


**PNC:** National Psoriasis Foundation Patient Navigation Center

**PROS:** Patient-reported outcomes

**RES:** Short name for the Residents Meeting on Psoriasis and Psoriatic Arthritis

**RNS:** Rheumatology Nurses Society

**SAIM:** State Access to Innovative Medicines Coalition, a coalition of patient, provider, and industry organizations working at the state level to address access barriers. The coalition is specifically focused on step therapy and out of pocket expenses. The NPF is co-chairing the coalition from July 2016- 2018.

**SDPA:** The Society of Dermatology Physician Assistants is a nonprofit professional organization composed of members who provide dermatologic care or have an interest in the medical specialty of dermatology.

**SID:** Society of Investigative Dermatology exists to advance and promote the sciences relevant to skin health and disease through education, advocacy, and scholarly exchange of scientific information.
## Board of Directors Roster

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<tr>
<th>Photo</th>
<th>Name</th>
<th>Mailing Address</th>
<th>Contact Information</th>
<th>Election Date</th>
<th>Current Term</th>
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<tr>
<td><img src="image" alt="Colby Evans, M.D. Immediate Past Chair Spouse: Sara" /></td>
<td>Colby Evans, M.D. Immediate Past Chair Spouse: Sara</td>
<td>829 Stonewall Ridge Lane Austin, TX 78745 9701 Brodie Lane Suite A-106 Austin, Texas 78745</td>
<td>Tel: 512.280.3939  Call: 512.538.5836 <a href="mailto:colbyevans@hotmail.com">colbyevans@hotmail.com</a></td>
<td>October 2010</td>
<td>3rd</td>
<td>2017</td>
<td>• Research (Chair)  • Executive, ex officio, non-voting</td>
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<tr>
<td><img src="image" alt="Pete Redding Chair Spouse: Lorelei" /></td>
<td>Pete Redding Chair Spouse: Lorelei</td>
<td>April-October: 6470 Monreux Lane Reno, NV 89511 November-March: 3030 N. 102nd St. Scottsdale, AZ 85252</td>
<td>Tel: 775.848.9397 (Reno) Tel: 480.575.8880 (AZ) <a href="mailto:pete@breding8.com">pete@breding8.com</a></td>
<td>January 2008</td>
<td>3rd</td>
<td>2019</td>
<td>• Executive (Chair)  • Governance, ex officio  • Finance, ex officio  • Development, ex officio  • Audit, ex officio, non-voting</td>
</tr>
<tr>
<td><img src="image" alt="Chip Newton Chair-Elect Spouse: Liz" /></td>
<td>Chip Newton Chair-Elect Spouse: Liz</td>
<td>501 Brightwaters Blvd. NE St. Petersburg, FL 33704</td>
<td>Call: 727-325-7856 <a href="mailto:chip@newton3.com">chip@newton3.com</a></td>
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<td>3rd</td>
<td>2019</td>
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<td>Carol Ostrow Vice-Chair Spouse: Michael Graff</td>
<td>158 Mercer Street Apt 108 New York NY 10012 (new address)</td>
<td>Tel: 212.996.1102 <a href="mailto:caroloustrow@gmail.com">caroloustrow@gmail.com</a></td>
<td>November 2012</td>
<td>3rd</td>
<td>2019</td>
<td>• Governance (Chair)  • Development (Chair)  • Executive  • DPA Project Design Team (Co-Chair)</td>
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<tr>
<td><img src="image" alt="Tami Theisen Treasurer" /></td>
<td>Tami Theisen Treasurer</td>
<td>885 Waddington Court Atlanta, GA 30350</td>
<td>Tel: 770.396.7344 Call: 404.213.9322 <a href="mailto:tami@theisenconsulting.com">tami@theisenconsulting.com</a></td>
<td>February 2009 (previous term 2002-2004)</td>
<td>3rd</td>
<td>2018</td>
<td>• Finance (Chair)  • Executive  • Governance  • Development  • Advocacy</td>
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| ![Ron Grau](image)  
Secretary  
Spouse: Evelyn | Ron Grau  
Secretary  
Spouse: Evelyn | 2699 Banyan Blvd Circle NW  
Boca Raton, FL 33431 | Tel: 561.212.7881  
rgrau@broadspire.com | July 2014 | 1st | 2021 | • Governance  
• Advocacy  
• Finance |
| ![Steve Bliskoff](image)  
Spouse: Tracy | Steve Bliskoff  
Spouse: Tracy | 2020 Oakhurst Plwy.  
Oakhurst, NJ 07755 | Tel: 732.222.7217  
Cell: 732.539.8102  
bliskoff@gmail.com | November 2011 | 3rd | 2018 | • Advocacy (Chair)  
• Audit |
| ![Abby Van Voorhees, M.D.](image)  
Spouse: John | Abby Van Voorhees, M.D.  
Spouse: John | 6036 Newport Crescent  
Norfolk, VA 23505 | Cell: 215.588.8897  
avy.vanvoorhees@gmail.com | July 2014 | 1st | 2021 | • Medical Board (Chair) |
| ![Matthew T. Kisiedica](image)  
Spouse: Catherine | Matthew T. Kisiedica  
Spouse: Catherine | 4828 Courtside Dr.  
Irving, TX 75038 | Cell: 972-332-2084  
kisiedica@capta.com  
Matthewkisiedica@yahoo.com | March 2015 | 1st | 2021 | • Finance  
• Outreach (Chair) |
| ![Ben Lockshin, M.D.](image)  
DermAssociates  
10313 Georgia Avenue  
Suite 300 Silver Spring, MD 20902 | Ben Lockshin, M.D.  
DermAssociates  
10313 Georgia Avenue  
Suite 300 Silver Spring, MD 20902 | Tel: 301-661-7600  
bol2@dermassociates.com | March 2015 | 1st | 2021 | • Research |
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</table>
| ![Kathleen Gallant](photo1.jpg) | Kathleen Gallant  
IFPA Representative  
Ex Officio | 27 Circle Drive  
Finlayville, PA 15332 | Tel: 724-476-5161  
kathleenlgallant@gmail.com | February 2006 | N/A | N/A | Governance |
| ![Pete Miller](photo2.jpg) | Pete Miller  
Retired  
Spouse: | 22177 SW Oak Hill Lane  
Tualatin, OR 97062 | Tel: 571 645-6659  
Pete@弈路com | November 2015 | 1st | 2022 | Advocacy  
Outreach  
Research |
| ![Nato Paul](photo3.jpg) | Nato Paul  
CEO & Founder | World Class Capital Group  
401 Congress Ave. 33rd fl,  
Austin, TX 78701 | Tel: 512-327.3300  
npaul@worldclasscapitalgroup.com | November 2015 | 1st | 2022 | Finance |
| ![Jason Lichtien](photo4.jpg) | Jason Lichtien, M.D.  
Spouse: Rachel | 2468 Bryden Road  
Beulah, Ohio 43239 | Tel: 614.666.1624  
mjc1042@yahoo.com  
Doctor@OhioStic.com | November 2015 | 1st | 2022 | Development |
| ![Rick Seiden](photo5.jpg) | Rick Seiden  
Spouse: Ellen | Foley & Lardner, LLP  
555 South Flower Street  
Suite 3500  
Los Angeles, CA 90071 | Tel: 213.572.4603  
rseiden@foley.com | November 2015 (2003-2014) | 1st | 2022 | Audit  
Advocacy |
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| ![Photo](image1.jpg) | Mark Oberman | OBE Systems, Inc. 
PO Box 1229 
Del Mar, CA 92014 | Tel: 858.729.3449 
mark@obesystems.com | March 2016 | 1st | June 30 | • Research 
• Development |
| ![Photo](image2.jpg) | Eyal Ofir | 188 Ludlow, 15H. 
New York, NY 10002 | Cell: 347-721-2701 
Office: 212-532-6124 
eyal.ofir@lazard.com | June 30, 2017 | 1st | 2023 | • Finance |
Position Descriptions – Board of Directors

National Psoriasis Foundation

POSITION DESCRIPTION
BOARD OF DIRECTORS

The Board of Directors (the Board) is the governing or policy-setting body that bears legal, ethical, and financial responsibility for the National Psoriasis Foundation (Psoriasis Foundation). The Board oversees the general direction and strategies of the Psoriasis Foundation through the definition of the mission, setting of goals and adoption of values.

The Board has the following roles and responsibilities:

Role:
1. Develops and oversees the mission and ensures that it is carried out.
2. Protects the financial health of the organization.
3. Protects the organization’s independence and credibility.
4. Sets policy.
5. Supports and promotes the organization.

Governance Responsibilities:
1. Selects, supports and evaluates the performance of President and CEO.
2. Reviews and defines the mission of the organization.
3. Approves all program and financial policies and values that shape the organization’s conduct in and representation to the community at large.
4. Supports the organization financially through a minimum annual cash contribution of at least $5,000 (give/and/or get).
5. With the CEO, leads the organization’s strategic planning efforts.
   a. Establishes goals and approves procedures for achieving them.
   b. Consults with all relevant constituencies (i.e., medical community, networks, major donors, volunteers, etc.) when appropriate.
   c. Evaluates the organization’s programs as part of the planning process.
6. Oversees financial management and annual audit.
7. Serves as liaison between the community being served and the Psoriasis Foundation.
8. Conducts periodic self-assessment of its own operation to ensure that both the Board and the organization are working at optimum capacity and efficiency.
9. Sets and maintains ethical standards for Board and organization.
10. Demonstrates an ability to work successfully with a diverse Board and staff, i.e., gender, race, ethnicity, age, socioeconomic, sexual orientation, religious, geographical/cultural differences.
11. Recruits candidates for Board service.
12. Approves job descriptions of Board, officers, committees, and CEO.
   a. Approves creation of all standing and ad hoc committees.
13. Participates in Board development activities.
14. Serves as ambassador for the organization.

Revised by the NPF Governance Committee on January 8, 2015
Position Descriptions – Chairman

National Psoriasis Foundation

POSITION DESCRIPTION
BOARD CHAIRMAN

The chairman provides leadership to the Board as the chief volunteer officer and facilitates communication among the Board, the president and CEO (CEO), and committees. The chairman implements strategies to maximize the collaborative discussion and decision making capacity of the Board. He/She also builds Board commitment to National Psoriasis Foundation (Psoriasis Foundation) goals and programs. The chairman also serves as the chief volunteer spokesperson for the Psoriasis Foundation.

Roles:
1. Provides leadership to the Board in setting policy.
2. Encourages and facilitates Board consensus on, and support of, governance and fundraising goals of the Board.
3. Represents the organization to the Psoriasis Foundation’s various constituencies, the public, the media, the membership, and other organizations.

Governance Responsibilities:
1. Ensures that the organization abides by its established bylaws and established policies.
2. Ensures that all fiduciary and legal responsibilities to the Board are being met.
3. Presides over all meetings of the Board and the executive committee according to Robert’s Rules of Order and facilitates thorough debate and full participation.
4. Prepares agenda for the Board meeting in collaboration with the CEO.
5. Presides over meeting of the Executive Committee.
6. Presides over the President and CEO Performance Review Committee.
7. Serves as ex officio member of all standing and ad hoc committees.
8. Communicates regularly with Board committee chairs to monitor progress.
9. Communicates Board vision, goals and strategies to the membership, other organizations, the media, the public at large and all other constituencies.
10. Leads fundraising participation by Board:
   a. Attends events and meetings as required and contacts and/or visits major donors at request of CEO.
   b. Leads Board in its giving and participation in Psoriasis Foundation fundraising events.

Approved by Board of Trustees June 6, 1998
Approved by the Board Governance Committee on August 27, 2015
Position Descriptions – Chair-Elect

National Psoriasis Foundation

POSITION DESCRIPTION
BOARD CHAIR-ELECT

In the absence of the Chair, the Chair-Elect will preside over meetings of the Board and Executive Committee. At the conclusion of the term of the Chair, the Chair-Elect will automatically assume the role of the Chair.

Responsibilities:
1. Attend all Board meetings and Executive Committee meetings.
2. Carry out special assignments as requested by the Board Chair.
3. Understand the responsibilities of the Board Chair and be able to perform these duties in the Chair’s absence.
4. Participate as a vital part of the Board leadership.
5. Serve as the chair of the Board Governance Committee.

Approved by the Board Governance Committee on August 27, 2015
Position Descriptions – Vice-Chair

National Psoriasis Foundation

POSITION DESCRIPTION
BOARD VICE-CHAIR

In the absence of the Chair and Chair-Elect, the Vice-Chair will preside over meetings of the Board and Executive Committee.

Responsibilities:
1. Attend all Board meetings and Executive Committee meetings.
2. Carry out special assignments as requested by the Board Chair.
3. Understand the responsibilities of the Board Chair and be able to perform these duties in the Chair and Chair-Elect’s absence.
4. Participate as a vital part of the Board leadership.

Approved by the Board Governance Committee on August 27, 2015
Position Descriptions – Secretary

National Psoriasis Foundation

POSITION DESCRIPTION
BOARD SECRETARY

The Secretary shall be the official custodian of the minutes of meetings of the Executive Committee, the Board and other official records of the Foundation, and shall ensure that they are accumulated, organized and safeguarded in such a way as to have them readily available as needed. The Secretary shall transmit to a successor a complete and usable record for historical, legal or operating purposes.

Responsibilities:
1. Attend all Board meetings and Executive Committee meetings.
2. Ensure the safety and accuracy of all board records.
3. Review board minutes.
4. Assume responsibilities of the Chair in the absence of the Board Chair, Chair-Elect, and Vice-Chair.
5. Provide notice of meetings of the Board and/or of a committee when such notice is required.

Approved by the Board Governance Committee on August 27, 2015
Position Descriptions – Treasurer

National Psoriasis Foundation

POSITION DESCRIPTION
BOARD TREASURER

The Treasurer shall be responsible for the fiscal records and the financial affairs of the Foundation, and shall oversee the provision of a detailed and accurate accounting of all funds and other property of the Foundation on a regular basis or when requested by the Board. The Treasurer shall be the chair of the Finance Committee.

Responsibilities:
1. Attend all Board meetings and Executive Committee meetings.
2. Maintain knowledge of the organization and personal commitment to its goals and objectives.
3. Understand financial accounting for nonprofit organizations
4. Serve as the chair of the Finance Committee.
5. Manage, with the Finance Committee, the Board's review of and action related to the Board's financial responsibilities.
6. Work with the Chief Executive Officer and the Vice President of Finance and Operations to ensure that appropriate financial reports are made available to the Board on a timely basis.
7. Presides over the annual budget meeting of the Finance Committee and presents the annual budget to the Board for approval.

Approved by the Board Governance Committee on August 27, 2015
Mentorship Program

National Psoriasis Foundation

BOARD MENTORSHIP PROGRAM

Objective:
Provide guidance and support for all new board members by assigning a seasoned board member to act as a mentor.

Format and duration:
A semi-structured, one-on-one mentoring relationship between a new board member and a more experienced board member that takes place face-to-face, via telephone or online

Duration and Frequency:
First year of new member’s board service. Frequency of meetings should be determined by the mentor/mentee, but should occur no less than once per quarter. Total hours over the course of one year should be approximately 6 hours.

Goals:
- Help new board member fully understand the Foundation’s strategic priorities and direction, and how to best contribute to future initiatives.
- Provide an overview of the board members, board roles and responsibilities, and expectations for board meeting preparation and attendance.
- Facilitate the onboarding process by sharing perspectives on board culture and structure, board meeting format, and how best to contribute to board discussions.
- Offer guidance on how to get things done at board/committee level

Expectations for Mentor:
- Review basic information about the organization, explain board’s governance model, and clarify the roles of board and management
- Discuss the goals outlined in the strategic plan
- Assist mentee in interpreting the organization’s financial statements
- Describe the lines of communication and flow of information among board members, committees, management and staff
- At the first board meeting, make introductions to other board members and to the executive committee. After the meeting, follow-up with the mentee and answer any questions.
- Set an agenda for the meetings with the mentee
IV. Social Velocity Presentation
V. Other Business and Adjournment