

Restless Legs Syndrome Foundation, Inc. is dedicated to improving the lives of the men, women and children who live with this often devastating disease. The organization's goals are to increase awareness, to improve treatments and, through research, to find a cure for RLS.

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The Restless Legs Syndrome Foundation Board of Directors held meetings on:

February 2, 2015 Webinar Meeting

March 10, 2015 Conference Call

March 24, 2015 Conference Call

June 11, 2015 Conference Call

June 22, 2015 Webinar Meeting

July 20, 2015 Conference Call August 19, 2015 Conference Call

September 17, 2015

Conference Call September 23, 2015

Conference Call

October 27, 2015 Conference Call

November 7-8, 2015 Austin, TX

December 11, 2015 Conference Call

www.rls.org

2

This has been an exciting year at the Restless Legs Syndrome Foundation. 2015 was named the "Year of Augmentation" to focus education and awareness on recognizing and coping with augmentation. Our dedicated staff, members of the Board of Directors, Medical and Scientific Advisory Boards, and many Foundation volunteers worked together to strengthen awareness, enhance education regarding augmentation, develop a quality research program, and double the number of RLS Quality Care Centers. This progress would never have happened without our enthusiastic and dedicated executive director.

2015 was dedicated to educating practitioners, patients, and caregivers about augmentation, a side effect of dopamine agonists and carbidopa/levodopa. This was a wildly successful campaign driven by webinars attended by a record number of healthcare providers and members. The beauty of this method of education is that people from all over the world can attend the programs live or listen to them on-demand by selecting a webinar from the listing located in the members only section of the Foundation's website. These efforts are sure to enhance awareness and change patient outcomes for good.

Research is one of the RLS Foundation's core components. In 2015 we launched an initiative to expand and reinvigorate our research program. Our grant submissions increased in number and quality. We started asking more specific questions and getting better answers. The grant process has become more refined reflecting a higher standard and rigorous review system. We are fortunate to have enthusiastic and dedicated researchers in the field of RLS to seek answers to questions that will lead to durable treatments and a cure.

The expansion of the RLS Quality Care Center network is very exciting. The RLS Foundation has more than doubled the number of RLS Quality Care Centers across the globe. Patients can be assured that they will receive state of the art care at recognized centers across the US and abroad. We will continue to grow this successful program in the years to come.

Thank you for your leadership and for making 2015 a successful year at the Foundation. We look forward to much success and growth in 2016. I want to thank the members of our board of directors, advisors on our medical and scientific boards, staff, volunteers and executive director for your support and dedication to myself and the people we serve.

Sincerely,

Jacquelyn (Jacci) Bainbridge, PharmD, FCCP

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RLS Foundation Board Chair 2015



Jacquelyn (Jacci)
Bainbridge,
PharmD, FCCP
Chair, RLS Foundation
Board of Directors

Research Shows H3 Receptor Antagonists Have Potential in RLS Treatment

In a study funded by the RLS Foundation, scientists at the University of California at Los Angeles (UCLA) found that a class of drugs called *H3 receptor antagonists* may hold potential for reducing symptoms of RLS.

A research team led by Yuan-Yang Lai, PhD, found that irondeficient rats given the H3 receptor antagonist *thioperamide* experienced reduced periodic limb movements (PLMs) and increased sleep time.

Based on these findings, the UCLA team led by Dr. Lai, in the laboratory of Jerome Siegel, PhD (co-investigator of the study), has received a five-year grant from the National Institutes of Health (NIH) to further explore the topic. Dr. Lai says, "The NIH-funded projects will enable us to identify the neural structures and neurotransmitters involved in the generation of RLS, as well as to test potential drugs for treating RLS."

James Connor, PhD, is chair of the RLS Foundation Scientific Advisory Board. "This study by Dr. Lai is a perfect example of what we are trying to accomplish with the RLS Foundation Research Grant Program. The question Dr. Lai is pursuing is fundamentally important to identifying the cause of RLS and developing a therapeutic target. In addition, the seed funds from the Foundation allowed Dr. Lai to generate sufficient data to leverage the RLS funds into a much larger NIH grant. Thus, this work can continue to progress and do so on a larger scale with the larger funds," says Dr. Connor.

About the study

Dr. Lai received a grant from the RLS Foundation in 2012 for the project "Effect of histamine H3 receptor antagonism on periodic leg movements in iron-deficient rats – an animal model of restless legs syndrome and its treatment."

The first part of the study aimed to determine if iron-deficient rats would serve as an effective animal model for RLS, since humans with RLS are known to have inadequate levels of iron in the brain.

Dr. Lai's team fed the animals a low-iron diet (4 ppm iron) for two months from weaning (21 days) and confirmed iron deficiency through blood tests. Researchers then measured the animals' sleep and motor activity.

In comparison to animals on a normal diet (35 ppm iron), irondeficient rats were found to have a higher index of periodic limb movements when awake or asleep. These movements decreased when the rats were given pramipexole, a dopamine agonist approved by the Food and Drug Administration for RLS treatment, further suggesting that the iron-deficient rat serves as a suitable animal model for this disease.

The animals were then evaluated when given thioperamide, an H3 receptor antagonist. Iron-deficient rats had reduced motor activity when asleep and when awake (lower PLM activity). They also had significantly longer sleep time. "The drug was effective for almost 10 hours. This could be very good for human treatment, because people need around seven to eight hours of sleep," says Dr. Lai.



Yuan-Yang Lai, PhD University of California at Los Angeles (UCLA)

In iron-deficient rats, researchers found higher levels of histamine H3 receptor in the striatum, a brain structure that helps control movement.

Dr. Lai says the study will spur further exploration of H3 receptor antagonists as potential drugs for treating RLS in humans. "This class of drugs could benefit patients. We don't yet know if it will generate augmentation, like the dopamine agonists."

While the dopamine system has been the focus of much RLS research, these findings show that the histamine system may also play a role. Further, H3 receptors are present in peripheral systems like muscle and skin (in addition to the brain), and Dr. Lai wants to explore whether they may be linked to the uncomfortable sensations associated with RLS.

Through this relatively small study, scientists have taken a significant step toward better ways of treating RLS. "We hope that someday we can cure this disease," says Dr. Lai.

The question Dr. Lai is pursuing is fundamentally important to identifying the cause of RLS and developing a therapeutic target.

2015 Highlights | Find a Cure

RLS Foundation Funds Research on MEIS1 Gene

The RLS Foundation awarded Yuqing Li, PhD, of the University of Florida, a \$35,000 grant for research on the role of the MEIS1 gene in RLS and to explore a related animal model for RLS.

In previous studies, Dr. Li and his collaborators shed light on the role of MEIS1. The current study will continue this work toward developing an animal model to help advance new drug development for patients.

"Dr. Li's research is an exciting opportunity to find new viable treatment options for individuals living with RLS," says Karla Dzienkowski, executive director of the RLS Foundation. "During our 'Year of Augmentation' at the Foundation in 2015, this research offers hope to the millions of individuals living with the disease, as well as for future federal funding to further Dr. Li's research on RLS."

Study builds on previous genetic research

The causes of RLS are not well understood, but research conducted in labs around the world has historically looked at dopaminergic neurons in the brain and at iron metabolism.

A breakthrough came in 2007, when scientists found genetic variants in several genes that are associated with RLS. Among these was MEIS1, a gene that showed maximum involvement in RLS. Scientists have since bred mice that carry the mutations in the mouse counterpart of the human MEIS1 gene. These mutant mice showed motor restlessness similar to that of RLS patients, which opened up a unique opportunity for scientists to explore how MEIS1 mutation might cause RLS symptoms and how to develop new ways to treat RLS.

With these developments, Dr. Li's group began to study RLS. His team was previously focused on Parkinson's disease and dystonia. A significant percentage of patients with these diseases also have RLS, and this triggered his interest in RLS.

In the current study, called "Characterization of MEIS1 heterozygous knockout mice as a model of Willis-Ekbom disease," the researchers will perform a detailed analysis of the MEIS1 mutant mice. They will look at whether the MEIS1 mutant mice show other RLS symptoms such as changes in sensation. They will also examine the brain's dopamine system and determine what areas are affected by the MEIS1 mutation.

Dr. Li's group will also study whether the iron metabolism and blood counts have changed in the MEIS1 mutant mice. Iron metabolism is closely linked to the function of the brain's dopamine system, and multiple early studies have linked an altered iron metabolism to RLS.

Most importantly, Dr. Li's group will try to treat the MEIS1 mutant mice with known dopamine drugs used in RLS patients to see whether these drugs alleviate the RLS



Yuqing Li, PhD University of Florida

symptoms in these mice. The goal is to validate the MEIS1 mutant mice as a useful model to study RLS and gradually work toward testing other potential treatments using the altered mice. Dr. Li will use the data collected from these studies to apply for future federal funding to further his research on RLS and toward ultimately finding a cure.

2015 Highlights | Find a Cure

Study Finds More White Matter Lesions in Patients with Late-Onset versus Early-Onset RLS

Changes in the brain's white matter may develop at a higher rate in RLS patients whose symptoms begin later in life than in patients with symptoms early on, according to a study at Yale University funded by the RLS Foundation.

A team led by Hochang "Ben" Lee, MD, found more white matter lesions (called white matter hyperintensities or WMHs) in patients with late-onset versus early-onset RLS, relative to people without RLS. These findings suggest that late-onset RLS may be caused in part by cerebrovascular factors.

"RLS might be more than a single entity," says Dr. Lee. "Some people develop RLS in their later life – at 45 years old, or 60. These patients tend to have less familial history of RLS. So it doesn't seem to be something they are born with."

Dr. Lee describes white matter lesions, which occur in the general population, as resulting from "a cumulative process due to blood vessels as you get older and have ischemic changes that accumulate in the brain." The fact that more WMH was found in patients with late-onset RLS than those with early-onset RLS suggests that "cardiovascular or cerebrovascular risk factors could hold a key to the etiology of RLS."

Dr. Lee received a grant from the RLS Foundation in 2013 for the study "Subcortical white matter hyperintensities on brain magnetic resonance imaging: a comparison between early-onset and late-onset RLS subjects," conducted by Dr. Lee and colleagues Yong Wong Cho, MD, PhD (Keimyung University, South Korea), and Godfrey Pearlson, MD (Yale University). This team analyzed brain MRI scans from 21 people with late-onset RLS (onset after age 45), 18 with early-onset RLS (onset before age 45), and 39 without RLS.

They found a significantly higher grade of deep white matter hyperintensities in the late-onset RLS patients compared with the early-onset RLS patients and age- and gender-matched controls, even after adjusting for cardiovascular risk factors.

"If you compare late-onset RLS to normal, then there is a significant hint that accumulation of white matter hyperintensities, ischemic changes in the brain, may have a role in terms of causing RLS symptoms in late life," says Dr. Lee.

In a second part of the study, the team used functional MRI analysis to look for differences in the neurocircuitry between early-and late-onset RLS. While the functional MRI did not reveal such differences, it did show some differences in global brain connectivity between patients with and without RLS, regardless of age of onset.

These are "very intriguing findings" and an area for further exploration, says Dr. Lee. His team is also interested in looking for other ways that



Hochang B. Lee, MD Yale University

early-and late-onset RLS may potentially differ, such as in the prevalence of periodic limb movements or depression.

Dr. Lee entered the field of RLS research when Dr. Wayne Henning, an RLS and sleep medicine pioneer, invited him to study racial prevalence of RLS in African- and Caucasian-Americans. Dr. Lee has since extensively studied the psychiatric and cognitive aspects of RLS.

Dr. Lee says he was drawn to RLS research from seeing patients in the clinic. "It's incredible how much people are suffering. As a psychiatrist, I could see they not only had RLS, but also psychiatric comorbidities. I realized I had a role in elucidating the psychiatric aspects of RLS."

In addition to psychological comorbidities, Dr. Lee also highlights the importance for patients to advocate on behalf of themselves. "It's one of those conditions that doesn't really get caught on a physician's radar unless they're really looking for it. In a way, that is similar to many other diagnoses that have stigma attached to them. For whatever reason, people are reluctant to bring it up. That's one thing I do hope, that terribly suffering patients don't feel uncomfortable about bringing these sorts of complaints and symptoms to their physicians. So many people neglect to get treatment, though there's plenty of treatments available."

2015 Highlights | Find a Cure

RLS Foundation Awards Grant to Dr. Sergi Ferré for Continued Research on RLS Animal Model

Initial findings show hypersensitivity of specific neuron terminals in iron-deficient brain

The RLS Foundation has awarded Sergi Ferré, MD, PhD, of the National Institute on Drug Abuse (NIDA), a \$28,300 grant to continue his research on cortico-striatal neurons in the RLS brain. In the first phase of the Foundation-funded study, Dr. Ferré's team found that these neurons were hypersensitive in iron-deficient animals, a major step toward establishing a potential model for screening RLS drugs.

"We are very close to developing a model for RLS drug testing," says Dr. Ferré. "We believe that RLS involves impairment of sensory motor integration by striatal neurons. The fact that we have found something specific occurring in cortico-striatal terminals makes us think it's going to be extremely relevant for RLS."

"The beauty of this model is that now we can probably find a good explanation for a mechanism of action for some of the most common drugs already being used in RLS," explains Dr. Ferré.

In the next phase of the study, his team will refine the model and use it to evaluate the effects of dopamine drugs such as carbidopa/levodopa (Sinemet) and the dopamine receptor agonists (pramipexole, ropinirole and rotigotine). In addition to dopaminergic agents, the research team will test alpha-2-delta ligands such as gabapentin, gabapentin enacarbil, and pregabalin. Ultimately, they hope the model can be used to screen other compounds that can be potentially useful for RLS.

James Connor, PhD, chair of the RLS Foundation Scientific Advisory Board, says, "This work looks really exciting and promising. The techniques are working and generating data that will be informative for the iron-deficient condition in the brain, and appear to be going in a direction that will be very interesting for RLS."

About the study

Using a novel technique that combines optogenetics and microdialysis, the research team examined the communication between cortico-striatal neurons in the brains of freely moving laboratory rats. Some of the animals were made iron-deficient through diet. Iron deficiency is believed to be one of the major pathogenic mechanisms of RLS.

The researchers inserted a light-activated protein into the terminals of cortico-striatal neurons, then directed a laser on the cells to trigger the release of the neurotransmitter glutamate,



Pictured, from left to right, are Sergi Ferré, MD, PhD; César Quiroz, PhD; Gabriel Yepes, Xavier Guitart, PhD; Jordi Bonaventura, PhD; Marta Sánchez-Soto, MS; Ning-Sheng Cai, PhD; William Rea, MA; and Hideaki Yano, PhD.

which they then measured with a microdialysis probe. They found that the light stimulated a much greater amount of glutamate in the iron-deficient animals than in the controls.

According to Dr. Ferré, with this finding scientists can now look for ways to reverse or prevent the release of glutamate, and see if this alleviates RLS symptoms. "Those terminals are a specific place where we have now seen biomedical effects that only occur in this animal model of RLS (an iron deficient brain)," he says. "We can not only check drugs, but also continue to study this activity in search of an explanation for why some drugs currently available work for treating RLS."

"If we validate our model, by obtaining positive results with the dopamine drugs and alpha-2-delta calcium channel ligands, we might have found a key mechanism that is involved in the symptomology of RLS," says Dr. Ferré.

About Sergi Ferré

Dr. Sergi Ferré is a principal investigator at the National Institute on Drug Abuse. His main research interest is clarifying the functional role of receptor heteromers in the brain as well as their potential use as targets for drug development in neuropsychiatric disorders and drug addiction.

Dr. Ferré says his interest in RLS research began with a phone call from Dr. Christopher Earley of Johns Hopkins, who invited him to collaborate on a project involving the interactions between dopamine receptors and adenosine in RLS. They have since completed this work, a significant contribution to the field of neuroscience.

2015 Highlights | Improve Treatments

Consensus Guidelines Published for Treating RLS **During Pregnancy and Lactation**

RLS is common during pregnancy – at least one in five pregnant women experience symptoms. For women who did not have RLS before their pregnancy, symptoms usually start during the third trimester (last three months of pregnancy) and subside within a month after delivery.

For the first time, healthcare providers have clear guidance on how to recognize and treat RLS in patients who are pregnant or breastfeeding. Published in the November 2014 issue of *Sleep* Medicine Reviews, an international consensus statement offers in-depth guidelines on diagnosing RLS and managing symptoms during pregnancy and lactation.

The consensus guidelines were developed by a nine-member multidisciplinary committee and sponsored by the International RLS Study Group (IRLSSG). Over a three-year period, the committee used a consensus process to examine findings in the medical literature and develop recommendations that were later approved by IRLSSG members and the RLS Foundation Medical Advisory Board (MAB).

Committee co-chair Daniel Picchietti, MD, calls RLS an "unwelcome visitor in the night" for many expectant mothers. "Especially in the third trimester when they're trying to maintain health, trying to sleep, pregnant women experience the intrusion of RLS. It's important to have recommendations to apply in this common clinical situation. Nothing like this previously existed."

Committee co-chair Jennifer Hensley, EdD, CNM, WHNP, says many women mistakenly believe their RLS symptoms are normal for pregnancy, or they are reluctant to mention symptoms to their providers. "Pregnancy and lactation are both vulnerable times, as no provider wants to suggest any treatment that may harm the mother or developing fetus. The guidelines are essential so that pregnant women affected by intermittent or severe RLS can talk with their providers about safe choices for treatment."

While it is not known why so many women experience RLS during pregnancy, low iron levels are believed to play a role. During later stages of pregnancy, iron stores in the mother drop by around 50 percent to supply the fetus with iron it will need to survive outside the womb. Other factors that may contribute to RLS symptoms include the changing hormone levels women experience during pregnancy.

The consensus guidelines discuss treatment options at various RLS severity levels and stages of pregnancy. Nondrug treatments are always the first choice. For example, women may benefit from moderate-intensity exercise, massage, or avoidance of common RLS triggers. All pregnant women with RLS should have their iron levels checked to see if iron supplementation is needed.

Medications are recommended only if nondrug treatments are ineffective and should be taken in the lowest dose and for the shortest time possible. The guidelines also point to the need for further research in areas such as genetics, safety of RLS medications, and the possible negative impact of RLS on the health of the mother or fetus. Dr. Picchietti says, "Even though we have guidelines, there is still a lot we don't EdD, CNM, WHNP know about this. There is some worrisome evidence that this can have a negative impact on pregnancies. We need to know if that's true, and if so, what we can do about it."

The article "Consensus clinical practice guidelines for the diagnosis and treatment of restless legs syndrome / Willis-Ekbom disease during pregnancy and lactation" is available at www.journals.elsevier.com/ sleep-medicine-reviews.

Other members of the consensus committee include RLS Foundation Board of Directors Chair Jacquelyn Bainbridge, PharmD; MAB

and SAB members Mauro Manconi, MD, PhD, Claudia Trenkwalder, MD, and Arthur S. Walters, MD; and Kathryn A. Lee, MD; James A. McGregor, MD; and Robert M. Silver, MD.



Jennifer Hensley, University of Colorado



Daniel Picchietti, MD Carle Foundation Hospital

Key Points about Pregnancy and RLS:

- 1. About one in five women experience RLS during pregnancy. Pregnant women should be on the lookout for symptoms, especially during the last three months of pregnancy.
- 2. Symptoms usually get better after delivery.
- 3. Pregnant women who have RLS should have their iron levels checked and be evaluated by their healthcare providers to see if they may need iron supplements.
- 4. Women can take steps to lessen their symptoms, such as avoiding common RLS triggers and engaging in moderate-intensity exercise (as directed by their healthcare providers).
- 5. If nondrug strategies are not sufficient to manage RLS symptoms, then medications can be considered.
- 6. Women with RLS who are considering getting pregnant should have their iron levels checked to see if they should take iron supplements before pregnancy to build up their iron stores. Note: Iron supplements should be taken only under the supervision and monitoring of a physician to avoid serious complications.

2015 Highlights | Improve Treatments

Foundation Certifies Three RLS Quality Care Centers

The RLS Foundation certified three new RLS Quality Care Centers in 2015, bringing our total number of centers to seven. The newest centers are Emory Clinic Sleep Center, Houston Methodist Neurological Institute and Yale Centers for Restless Legs Syndrome.

The RLS Foundation has established the RLS Quality Care Center Program to improve diagnosis and treatment of the disease. Provider certification requires a high level of expertise and experience in the treatment of RLS patients.

RLS Quality Care Centers are destinations for patients in search of knowledgable healthcare providers. In addition, centers serve as a resource for referring primary care providers and regional support groups. Through the Foundation's program, these providers will collaborate to raise the quality of care for all patients with RLS.

"We are so pleased to have these distinguished providers join the Quality Care Center network," says RLS Foundation executive director Karla Dzienkowski. "As this network grows, we are expanding the reach of outstanding RLS clinicians to patients who are in desperate need of their expertise."

Quality Care Centers are staffed by providers who offer expert care and specialized disease management to RLS patients. To achieve certification, Centers are rigorously reviewed by the RLS Foundation Medical Advisory Board and must demonstrate a high level of expertise and experience in treating the disease.

The Foundation established the RLS Quality Care Center network in 2013 to improve diagnosis and treatment of RLS. Through education, sharing of best practices and quality improvement projects, the program aims to improve the quality of healthcare for all people living with RLS.

To learn more about the RLS Quality Care Center network, visit www.rls.org/qcc-directory.

Emory Clinic Sleep Center

12 Executive Park Drive, NE • Atlanta, GA, 30329 404-712-7533 www.emoryhealthcare.org/sleep

Certified healthcare providers Lynn Marie Trotti, MD, MSc David Rye, MD, PhD Donald Bliwise, PhD

Houston Methodist Neurological Institute

6560 Fannin Street, Suite 1002 • Houston, TX 77030 713-363-7077

www.houstonmethodist.org/neurology/locations/texas-medical-center

Certified healthcare provider William G. Ondo, MD

Yale Centers for Restless Legs Syndrome

203-287-3550 • www.ynhh.org/services/sleep-center

Two locations:

8 Devine Street • North Haven, CT 06473

Certified healthcare providers
Brian Koo, MD, QCC Director
Duarte Machado, MD

Yale Centers for Sleep Medicine 800 Howard Avenue, Lower Level • New Haven, CT 06519

Certified healthcare providers Hochang "Ben" Lee, MD Vahid Mohsenin, MD

2015 Highlights | Increase Awareness

New Booklet Helps Teens Living with RLS

Young people with RLS have unique challenges. Over and above the physical and social changes of the teen years, kids with RLS need to cope with their RLS symptoms, sleep deprivation, medication side effects, and other difficulties related to living with a chronic illness.

To help youth meet these challenges, the RLS Foundation has created the *RLS Guide for Teens*. This guide is designed to help teens with RLS take control of their lives as they transition into adulthood, says RLS Foundation Executive Director Karla Dzienkowski. "The teen years are a great time of life for kids to practice advocating for themselves. This is the most important thing we can do as parents, teachers and friends – to help teenagers take this monumental step into independence."

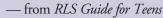
The *RLS Guide for Teens* is the first RLS publication geared specifically toward youth. The 14-page booklet includes a comprehensive overview of RLS basics – triggers, coping strategies, good sleep habits and more – in a user-friendly layout. It also addresses important topics like how to empower oneself with knowledge and how to talk about RLS with friends.

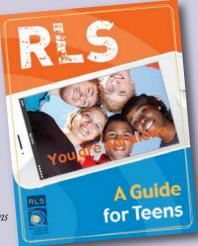
Parents will find the guide a useful tool to start a conversation with teachers and others about how they can help their child find the right accommodations to thrive socially and academically.

The booklet was developed by a team that includes RLS Foundation staff members; Medical Advisory Board members Suresh Kotagal, MD, and Daniel Picchietti, MD; and RLS Foundation Board secretary Linda R. Secretan. This work is an outcome of the RLS Foundation's Hearing Children's Voices program, made possible by a grant from the Rivendell Foundation.

For a copy of the *RLS Guide for Teens*, visit the Members Only page of www.rls.org. Print copies are also available on request from the RLS Foundation by email at info@rls.org or by calling 512-366-9109.

You're the one inside your skin. Get comfortable there. It's going to be your home for a long time to come.





2015 Webinar Series

Surgery and Hospitalization for WED/RLS Patients

Speaker: Arthur S. Walters, MD April 13, 2015

Basics of RLS

Speaker: Michael H. Silber, MB, ChB May 28, 2015

Drug Holiday

Speaker: Christopher J. Earley, MB, BCh, PhD July 16, 2015

Suffering from Augmentation: What You Can Do About It

Speaker: John W. Winkelman, MD, PhD August 26, 2015

Drug Interactions and RLS

Speaker: Jacqueline Bainbridge, PharmD, FCCP September 8, 2015

What's New in RLS Research

Speaker: Lynn Marie Trotti, MD, MSc October 28, 2015

Sleep Study: What's It All About?

Speaker: Brian Koo, MD November 4, 2015

RLS Triggers and Coping Strategies

Speaker: Norma Cuellar, PhD, RN, FAAN December 8, 2015

RLS Foundation Levels of Giving

At the RLS Foundation, we rely on private donations to make our work possible. While we do receive some industry grants, our lifeblood is you and your commitment to our mission. We cannot thank you enough for the support you give every year.

Unrestricted gifts give the Foundation the flexibility to target funds for programs and projects that are in the most need of financial support.

Restricted gifts may be designated to two areas: education and research. Donations to these funds are earmarked for special projects that may complement your intentions more closely.

Monthly giving allows you to spread your donation out over the year and enables us to count on a more even stream of gifts. You can also choose to restrict your gifts with this option. Monthly giving can be done by setting up a recurring credit card gift.

Tax-deductible donations are the quickest and easiest way to give to the RLS Foundation. Checks payable to the RLS Foundation or credit card donations completed online are fully deductible and provide an immediate source of income for programs.

Appreciated securities are gifts that may allow you to eliminate capital gains taxes. In nearly all cases, you are able to claim a charitable income tax deduction equal to the fair-market value of the securities, check with your tax advisor.

Bequests given through your estate at the time of your death are an attractive way to make sure that your interests are preserved. When you let us know about your plans to give a gift in your estate, you become a member of our Ekbom Heritage Society, an elite group at the Foundation committed to our mission and vision for the future.

If you would like to learn more about planned giving, please request our Giving Avenues brochure or contact us at 512-366-9109 or info@rls.org.

We value all of our supporters at every level. Each of you makes an important impact on the programs that help so many living with restless legs syndrome. Thank you!

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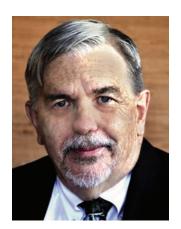
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13 www.rls.org

Financial Report



Lewis PhelpsVice Chair and Treasurer

Thank you for your continued financial support and commitment to the RLS Foundation during our fiscal year 2015. Individual donors provided the majority of support for RLS Foundation programs and activities, representing over 87% of donations collected.

Our popular monthly webinar series, support group meetings and educational materials served to educate the general public and medical community about RLS. Our website and social media channels, including Facebook, Twitter and LinkedIn, experienced an overall increase in traffic thereby fulfilling our mission to bring greater education and awareness. Two promising research projects were funded in 2015 through the RLS Foundation Research Grant Program. The addition of three new RLS Quality Care Centers provide individuals living with RLS access to care from leading RLS experts. Together, these programs fulfill our goals of finding better treatments and a cure for RLS.

The RLS Foundation Finance and Audit Committee monitors revenue and expenditures to ensure they are in balance and reviews forecasts for the upcoming fiscal year. The board of directors provides financial oversight for the organization by ensuring monies are spent in programs beneficial to the members of the RLS community. Management states that due to reclassifications of accounts in order to comply with GAAP, figures reported in 2015 are not directly comparable to those reported in prior years.

Each gift received, regardless of size, allows us to fulfill our mission and ultimately, brings us one step closer to a cure.

It has been my pleasure to serve as Treasurer of the RLS Foundation Board of Directors. I look forward to my tenure as Board Chair in 2016.

Sincerely,

Lewis M. Phelps

Vice Chair and Treasurer

Restless Legs Syndrome Foundation

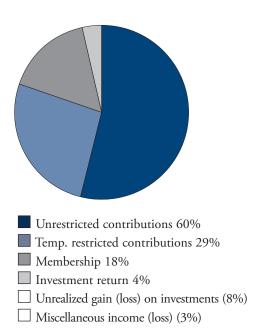
Statement of Financial Position • September 30, 2015

Assets	2015
Cash and cash equivalents	\$ 153,124
Investments	397,430
Contributions receivable	16,000
Prepaid and accrued assests	3,274
Total assets	\$ 569,828
Liabilities	
Accounts payable and accrued expenses	\$ 35,392
Total liabilities	\$ 35,392
Net Assets	
Unrestricted	\$ 300,879
Temporarily restricted	233,557
Total net assets	534,436
Total liabilities and net assets	\$ 569,828

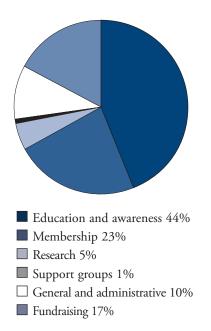
Statements of Activities • For year ending September 30, 2015

Income	2015
Contributions (unrestricted)	\$ 351,466
Membership	105,130
Temp. restricted contributions	168,894
Investment income	23,490
Miscellanous income	(16,097)
Unrealized gain (loss) on investments	(44,292)
Total income	\$ 588,591
Expenses	
Programs	
Education and awareness	\$ 298,423
Membership	152,901
Research	31,650
Support groups	7,076
Total program expenses	490,050
General and administrative	69,871
Fundraising	113,792
Total expenses	673,713
Net increase in net assets	\$ (85,122)

2015 Revenues



2015 Expenses





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2015 YEAR OF AUGMENTATION

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