

# STEADFAST GROWTH

2024-2025 ANNUAL REPORT

The Restless Legs Syndrome Foundation 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, improve treatments and advance research to find a cure for RLS.

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San Francisco, CA

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

10/28/24  
In-person

4/30/2025  
Telephonic

6/27/25  
Telephonic

# 2026 RLS Foundation Annual Report

## Letter from the Chair

I am pleased to report that the RLS Foundation continues to demonstrate remarkable resilience and growth amid the financial and political uncertainties of 2025 and early 2026.

During this period, the Board of Directors has re-centered our work around a renewed Mission: *“To help find a cure for RLS while significantly improving the lives of people living with it.”*

In support of that mission, the Board has reorganized into streamlined functional committees charged with supporting our Executive Director and staff as we execute an ambitious three-part strategic plan through 2026.

Our three strategic goals are: (1) diversifying the organization’s revenue streams; (2) growing and diversifying our membership, relationships, and associations with peer organizations; and (3) more definitively identifying “opportunity gaps” to broaden our influence and reach.

As this annual report reflects, we are investing more than ever in meaningful research, community support, advocacy, and educational programming — and the impact of that investment is evident throughout these pages.

Finally, it is with great anticipation that I invite you to join us for a milestone moment in the history of the RLS Foundation. On September 23–26, we will host the inaugural **Peter Brooks International RLS State of the Science Conference** in Washington, D.C. This one-of-a-kind gathering will bring together scientific, clinical, political, and advocacy leaders from around the world to examine the current and future landscape of RLS care, and to chart our collective course toward *“A World Without RLS.”*

I look forward to seeing you there this fall for what promises to be a truly momentous occasion.

Sincerely,



**Jeffrey S. Durmer**  
**MD, PhD**

*Chair, RLS Foundation  
Board of Directors*

# Welcoming Your New Board Chair



*The RLS Foundation is pleased to announce that Jeffrey Durmer, MD, PhD, has been elected chair of the Foundation's Board of Directors. Dr. Durmer joined the Board in 2019 after serving nearly 10 years on the RLS Foundation Scientific and Medical Advisory Board. Dr. Durmer is a systems neuroscientist, neurologist and sleep medicine physician with expertise in technology-enabled sleep-health delivery systems. He is the chief medical officer of Absolute Rest, where he oversees the development of innovative technology-enabled precision medical and behavioral programs designed to enhance human health, longevity and performance. He is also the telemedicine principal investigator for the Sleep SMART clinical trial, the largest sleep apnea and stroke study funded by the National Institutes of Health (NIH). His past research spans from uncovering the neuro-anatomical and neurophysiological substrates of subcortical visual systems involved in blind sight, to developing the first standardized clinical interview tool for pediatric restless legs syndrome.*

**Q.** Thank you for giving us the opportunity to introduce you as the Board chair of the RLS Foundation! How did you become involved with the Foundation?

**A.** I first became involved with the RLS Foundation as a researcher at Emory University. At the time, I was directing the Emory Pediatric Center and the adult sleep laboratory, working to identify various RLS phenotypes with Emory's Clinical Research in Neurology (CRIN) Program and collaborating with the Decode Project in Iceland.

I was working with Dr. David Rye and Dr. Don Bliwise, who introduced me to the RLS Foundation's Research Grant Program, which has funded over \$2 million in research to date. I thought it could be a great opportunity to fund research characterizing the phenotypes of children with RLS and further understand the relationship between RLS and ADHD. I submitted an application and became an RLS Foundation Research Grant recipient in 2005. During that period, I had a research poster featured at the annual American Academy of Sleep Medicine meeting, where I met Karla Dzienkowski, who is now the RLS Foundation executive director. Karla's interest in pediatric RLS research led to multiple discussions, and she persuaded me to join the Foundation's Scientific Medical Advisory Board (SMAB). I worked on the SMAB for eight years, helping support the Foundation's work in pediatrics.

**Q.** In October 2024, you became the new Board chair. What are some of your responsibilities in this role?

**A.** The RLS Foundation is a dynamic and fluid organization, responsive to the needs of people with RLS. We are an advocacy organization, first and foremost, which includes funding pilot

projects to advance research into multiple aspects of RLS, providing education and support programs for patients and families, representing the interests of patients, researchers and clinicians, and helping governmental agencies from the NIH to Congress understand the importance of addressing this very common condition and its associated medical comorbidities. As chair, my role is to create clarity and ensure our actions are reflective of our values and mission. My goals for the Foundation are to help it embrace technological and organizational innovation to grow our audiences, refine our financial efficiencies, and improve connectivity between RLS researchers, clinicians, patients and their families.

As someone with extensive experience managing businesses, clinical laboratories and healthcare operations, I look forward to guiding the Board toward a sustainable structure that supports continued growth throughout and after my term.

**Q.** Do you believe that your previous work on the SMAB complemented your role on the Board?

**A.** Absolutely. In addition to understanding the work of the Board of Directors, I understand the pressures the researchers and clinicians on our SMAB face – both in their practice and on behalf of the organization. I believe there needs to be a transparent and dynamic relationship between the SMAB and Board of Directors to foster collaboration and sustained proactive organizational growth in the future.

I also want to identify how the Board can assist Karla and the Foundation in their work with the SMAB. The more proactive we become, the less reactive we will need to be within the Foundation when issues arise.

**Q.** Your professional experience is vast, including work as a neurologist, a systems neuroscientist and a sleep medicine physician. How has each position shaped your clinical expertise?

**A.** Neurologists study the brain, the central nervous system, the peripheral nervous system and the relationship of the nervous system to other organ systems and disease states. There are many areas within the broader scope of neurology – stroke, neuroimmunology, cognitive, neuromuscular, movement disorders, etc.

To me, an important aspect of neurology is understanding how to approach the diagnosis and treatment of neurological disorders with specificity (i.e., endotyping/phenotyping) and sensitivity to the individual (i.e., personalized medicine). It's a balance between determining a clinical diagnosis (e.g., RLS) while considering the environment, behaviors, psychology, social stressors and particular therapeutic needs of the individual.

A systems neuroscientist looks at the structures and function of the brain. Today, this type of research has evolved from anatomical and electrophysiological research to cellular and genetic/genomic relationships between brain and body systems underlying epigenetic and disease risk factors. Typically, system neuroscientists think in terms of structure and function and how to associate activities between neurons.

Finally, a sleep medicine physician is a multidisciplinary clinician who applies the neuroscience of sleep and circadian rhythms to different developmental issues and disease-related presentations to find evidence-based ways to improve sleep and wake function, prevent associated diseases, and support the well-being of all individuals through the power of healthy sleep.

As an MD-PhD, I chose sleep medicine because I wanted to translate basic and clinical research findings into scientifically based practices to improve health, performance and well-being in children, adolescents and adults. Over the years, I have focused on how to use healthcare technology to accelerate the accessibility and delivery of sleep healthcare to the millions of underserved people in the US.

**Q.** What led to a specific interest in RLS?

**A.** I was recruited from the University of Pennsylvania to the Department of Neurology at Emory University. My previous work focused on the consequences of sleep deprivation, the individual variability of the impact of sleep disorders on health and function, and the neuroanatomical structures involved in normal and pathological sleep.

When I got to Emory, I found that the team was more focused on movement disorders, so I made a decision to learn more about the basic science and the animal modeling associated with RLS. I found a clinical “missing link” within pediatric RLS. While there were publications and some research being conducted, there was no standardized way to diagnose and treat RLS in pediatric populations. I decided to switch my focus from cognition and the neurocognitive consequences of sleep deprivation and performance to RLS in children.

**Q.** You have extensive experience in technology-driven fields. How has technology shifted research and clinical practice within the sleep space?

**A.** When my career began to veer out of the academic world, I started a technology-based sleep company called Fusion Sleep and utilized research tools, applying them in a clinical context. This mimicked the phenotype-genotype research work that I was engaged in at Emory. Instead of genotyping, we used technology to improve phenotyping, which subsequently improved the specificity of therapies for specific populations (i.e., truck drivers, pilots and people in other safety-sensitive occupations).

Fusion Sleep grew into a second company called Fusion Health, which later evolved into company called Nox Health, headquartered in Atlanta. Nox Health was a combination of Fusion Health and Nox Medical, an Icelandic sleep health-tech firm that we developed to create the first home sleep testing device for children.

I've used this experience to help other companies expand within the sleep space and develop wearable technologies. Most recently, I helped start a company called Absolute Rest, which uses clinical research tools and technology to evaluate sleep from multiple scientific angles, including circadian rhythm phenotyping to optimize performance, longevity and quality of life in high level athletes, individuals, businesses and health-related organizations.

**Q.** What is your advice for those struggling with RLS?

**A.** Know that you are not alone. Your symptoms are shared by millions of other people. By joining the RLS Foundation, you will find a community of people going through similar experiences who can provide hope.

Membership to the Foundation not only connects you with a support network, but also keeps you informed on the latest RLS research and news. As we know, being part of a community promotes mental and physical health, and when that community is focused not only on connectivity but also creating solutions to a major health issue, it serves you, your family and the rest of humankind.

# Introducing the Foundation's

## Newest Advisory Board Members!



**Shelley Zak, MD**  
San Francisco, California

Dr. Zak is board-certified in both sleep medicine and neurology and practices at the University of California San Francisco Medical Center, specializing in RLS. She has been a member of the International RLS Study Group board and has worked on evidence-based guidelines for the American Academy of Sleep Medicine on both its Standards of Practice Committee and its Guidelines Advisory Panel. She is a member of the World Sleep Academy faculty, lecturing on RLS and other sleep-related movement disorders. She also conducts research on women's sleep, specifically at the perimenopausal transition.



**Melissa Lipford, MD**  
Rochester, Minnesota

Dr. Lipford is a neurologist and sleep medicine specialist at Mayo Clinic. She serves as the associate director of research for the Mayo Clinic Center for Sleep Medicine, a committee chair for Mayo Clinic's Institutional Review Board, and a member of its institutional Software as a Medical Device Review Board. As a sleep neurologist, much of her clinical practice involves caring for patients with chronic, refractory RLS. Her research includes deprescribing augmentation in patients on long-term dopamine agonist therapy, conducting a clinical trial employing surface electrical stimulation, and exploring the development of de novo restless legs symptoms following opiate exposure.



**Lourdes DelRosso, MD, PhD, MS**  
San Francisco, California

Dr. DelRosso is a sleep physician and professor at University of California, San Francisco. Her research focuses on restless sleep and RLS. She leads an international task force to establish the diagnostic criteria for restless sleep disorder. Dr. DelRosso is the lead author of "Pediatric Sleep Pearls" and editor of "Sleep Neurology: A comprehensive guide to basic and clinical aspects." Active in the American Academy of Sleep Medicine and the World Sleep Society, DelRosso is the Director of World Sleep Academy and co-chair of World Sleep Day.



**Matthew Viereck, MD**  
West Reading, Pennsylvania

Dr. Viereck graduated from medical school at Sidney Kimmel Medical College at Thomas Jefferson University, where he was elected to the Alpha Omega Alpha Honor Society. He completed his internship in internal medicine, followed by a neurology residency at New York-Presbyterian Hospital/Columbia University Irving Medical Center. He completed his fellowship in sleep medicine at Brigham and Women's Hospital and Massachusetts General Hospital. He is an attending physician in the Department of Neurology at Reading Hospital in Pennsylvania, treating a variety of sleep and neurological disorders. He also teaches residents and medical students and has previously served on the American Academy of Sleep Medicine's Emerging Technology Committee.



**Ravindra Chandrashekhar, MD, FACP**  
Dallas, Texas

Dr. Chandrashekhar attended the University of Buffalo, where he received a BS in electrical engineering with a minor in mathematics. He worked for Alcatel Telcom and NASA in Houston, Texas, before earning an MS in electrical engineering at the University of Texas at Dallas. He completed his competitive sleep medicine fellowship at the New Jersey Neuroscience Institute at the JFK Medical Center in Edison, New Jersey. His clinical interest is in the link between sleep disorders and general internal medicine, as well as obstructive sleep apnea, facial imaging for sleep apnea for airway analysis, hypersomnia, and RLS.

# Celebrating Over a Decade of Dedication

**A**s a new year begins, the RLS Foundation honors two individuals whose decade-long commitment has shaped its success. Karla Dzienkowski, RN, BSN, became executive director of the Foundation in 2014 after serving on the Board of Directors for six years. Zibby Crawford joined the Foundation alongside Karla as the marketing and membership coordinator.

More than 10 years later, their steadfast commitment continues to inspire and strengthen the organization's mission. Together, they have played a crucial role in shaping the Foundation's growth and ensuring its continued success in providing vital resources, advocacy and research funding. Their dedication has made a lasting difference in the lives of countless patients, and their legacy of service is a testament to their passion and dedication. Congratulations, Karla and Zibby!



## A Grateful Farewell: Honoring Our Board Members' Service

The RLS Foundation would like to extend its gratitude to Shalini Paruthi, MD; Jacci Bainbridge, PharmD; Laura Hoffman and Paul Rochester for their leadership during their time on the Board of Directors. Though their formal role as Board members has come to an end, their contributions to the organization will leave a lasting legacy.

Dr. Paruthi served as a Board member since 2018, before becoming Board chair from 2022 to 2024. Her vibrant energy and passion have been a source of inspiration, infusing the organization with renewed purpose. She expertly hosted Foundation summits, presented her knowledge as an RLS provider in webinars, advocated for patients in congressional meetings on Capitol Hill, and chaired countless meetings, all to serve the RLS community. Thank you, Dr. Paruthi, for your leadership!

Dr. Bainbridge previously served as Board chair in addition to eight years as a Board member. Her medical experience has offered a crucial perspective, allowing the Board to make

informed decisions that have brought positive change. Beyond her clinical knowledge, her bright personality and sense of humor brought warmth to every meeting. Thank you, Dr. Bainbridge, for your knowledge and expertise!

Laura Hoffman served on the Board for three years and remains a dedicated virtual support group volunteer. Her compassion creates a safe space in support meetings where members of the RLS community build connections. In her role on the Governance and Nomination Committee, she helped lead significant growth of the Board, which welcomed five new members in 2024. Thank you, Laura, for your service as a Board member and continued support!

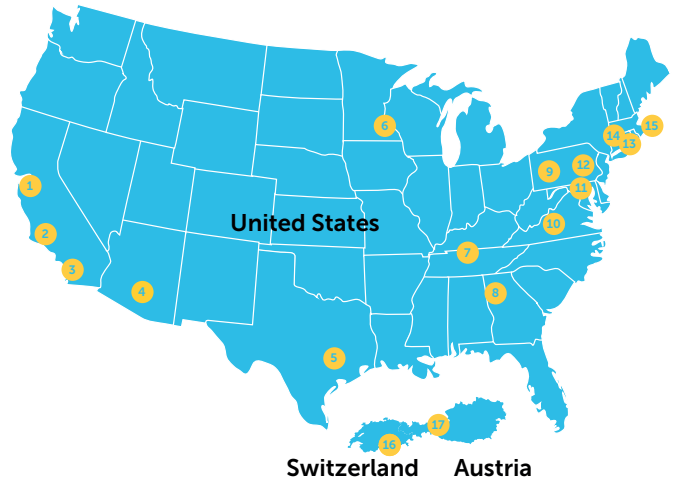
Paul Rochester's vast business experience enabled him to expertly guide the organization through discussions of future development, strategic planning and financial growth during his eight-year tenure on the Board. His wisdom remains integral to the continued success of the Foundation. Thank you, Paul, for your unwavering dedication!

# UVA Certified as a New Quality Care Center

The RLS Foundation is excited to announce the University of Virginia at Charlottesville (UVA) as a certified RLS Quality Care Center. UVA joins a network of 12 other institutions in the US and Europe that are certified by the RLS Foundation as Quality Care Centers. UVA will serve as a destination for RLS patients who need expert RLS care.

“We are extremely honored to be recognized as an RLS Foundation Quality Care Center,” says Elias Karroum, MD, PhD, director of the Quality Care Center at UVA. “This designation reflects our commitment to provide exceptional care and advance innovation to make a meaningful difference in the lives of the patients that we serve. We are proud to lead the way in ensuring our commitment to the highest standard of care to successfully manage all forms of RLS severity.”

To learn more about the RLS Foundation’s Quality Care Center program and to find a center near you, visit [www.rls.org/QCC](http://www.rls.org/QCC).



**Our QCCs are located in the following regions:**

1. Stanford, Palo Alto, CA
2. University of Southern California, Los Angeles, CA
3. Scripps, San Diego, CA
4. Barrow Neurological Institute, Phoenix, AZ
5. Houston Methodist Neurological Institute, Houston, TX
6. Mayo Clinic, Rochester, MN
7. Vanderbilt, Nashville, TN
8. Emory, Atlanta, GA
9. University of Pittsburgh Medical Center, Pittsburgh, PA
10. University of Virginia, Charlottesville, VA
11. Johns Hopkins, Baltimore, MD
12. Thomas Jefferson University Hospital, Philadelphia, PA
13. Yale, New Haven, CT
14. Chase Family Movement Disorders Center, Hartford, CT
15. Massachusetts General, Boston, MA
16. Neurocenter of Southern Switzerland, Switzerland
17. Innsbruck Medical University, Austria

## Become an RLS Foundation Support Group Leader!

The RLS Foundation is excited to announce that our 2025 volunteer application for support group leaders is open! We are looking for proactive and compassionate individuals who would like to establish a support group in their community.

**As a local RLS support group leader, your primary responsibilities are to:**

- Hold at least one meeting annually (in-person, virtually or hybrid)
- Form a meeting structure and organize a meeting space
- Foster new connections in your area to grow your group over time
- Collaborate with a medical advisor and work with Foundation staff to promote Foundation resources



If you would like to learn more about becoming an RLS Foundation volunteer visit [www.rls.org/get-support](http://www.rls.org/get-support). To complete an application, scan the QR code.

# Speaking Up for RLS: A Day of Advocacy on the Hill

**A**nually, the RLS Foundation hosts Hill Day in Washington, DC – an opportunity for members of the RLS community to unite and educate legislators on the RLS Foundation’s key congressional priorities. Twenty RLS community members, physicians, Foundation board members and staff met on September 9, 2024, to participate in this event. They split into four groups and visited over 25 offices, advocating for increased research funding, education, and access to treatments, including low-total-daily-dose opioids.

In this article, you will follow one group’s day including Avinash Aggarwal, MD (director of the RLS Quality Care Center at University of Pittsburgh Medical Center), Adrianna Colucci (RLS Foundation staff member) and Foundation members Donna Anastasi, Jane Gorski and Marydale Stevens.

## 8:30 am

Hill Day participants met at the Health and Medicine Counsel (HMC), an organization that coordinates and guides the RLS Foundation’s advocacy program. The HMC staff reviewed the Foundation’s legislative agenda and answered questions. Advocates were given time to connect with other members of their groups and bond by sharing personal stories.

The groups departed, walking first to the Capitol for a group photo and then parting for their assigned meetings.

## 10:30 am

The group met with representatives from Senate offices. With only 20 minute meetings, it was important be concise to provide clinical context while also conveying the emotional aspects.

It was Dr. Aggarwal’s second time participating in Hill Day. “As a physician, I witness how public policy impacts patients every day,” she says. “From restrictions on prescribing certain evidence-based medications for RLS patients to the insurance denials, certain pervasive issues in our healthcare system require public advocacy. Hill Day is an important opportunity to discuss the impact of these issues on patients’ health with our representatives.”

A prominent theme in these meetings was the emotional toll of RLS, in addition to the physical. Jane Gorski emphasized, “RLS is beyond a sleep disorder – it impacts relationships, social activities, mood and more. This is what I wanted to convey to the

legislators – that RLS is life altering and destabilizing.” Stories such as Gorski’s explain the urgent need for increased research funding.

## 1 pm

Breaking for lunch, groups were able to reflect on their morning meetings and converse on topics beyond RLS.

This was Marydale Stevens’ first time participating in RLS advocacy. “I enjoyed the opportunity to learn from RLS physicians and connect with my community” she reflects. “Most of the legislative staffers were unfamiliar with RLS, and in our brief time, we effectively advocated for further research funding and increased awareness.”

## 2 pm

The day continued with back-to-back meetings with House representatives. Emerging topics included opioid access, tele-health limitations, lack of educational resources and difficulties finding a provider.

“When I am symptomatic and unable to get up and move, that sense of urgency can cause a panic response,” explained Donna Anastasi to legislative representatives. “With refractory RLS, none of the typical medications relieve the symptoms. Some of them even make the symptoms worse. For me, being on a low total daily dose of opioids has been life-altering. My hope is that our stories will be powerful enough to convey the depth of our experiences to those who do not have RLS.”

## 4:30 pm

Participants debriefed at the HMC headquarters. After thanks and farewells, participants dispersed to their homes – having traveled from Oregon, Arizona, Indiana, Missouri and other states.

“Attending Hill Day was the best thing I have ever done for my restless legs, both by advocating for all who suffer from the disease as well as learning from all those who attended the event with me,” says Gorski.

The Foundation is so thankful to all who attended Hill Day in 2024! Hill Day is an annual event, so stay tuned to RLS Foundation news if you’d like to participate in this year’s advocacy efforts. To learn more about upcoming advocacy events, visit [www.rls.org/advocate](http://www.rls.org/advocate).

# Mindful Moments: Tips from Our Readers

RLS presents both physical and emotional challenges. Finding moments to recenter the mind and renew the body's energy can help protect mental health and overall well-being. We asked members of the RLS community to share techniques they use for practicing mindfulness and restoring balance, especially on days where RLS can feel overwhelming. Please note, everyone's RLS is unique to them, and efficacy will vary among individuals. Thank you to all who submitted responses.

“

The one technique that I use almost every day to restore my energy, relax my body and reset my mind is the ancient practice of Yoga Nidra. Yoga Nidra, or non-sleep deep rest (NSDR), is a guided meditation practice to promote a profound state of relaxation. This can be done sitting comfortably or lying down in your bed or on the floor. There are amazing online audio practices that range anywhere from five minutes to over an hour! When I have had an especially difficult night, I sometimes incorporate three to four **Yoga Nidra** sessions during the day. This practice has literally saved my life! I highly recommend it for anyone who needs deep restorative rest. They say that 30 minutes of Yoga Nidra is equivalent to three to four hours of deep sleep.

**Elizabeth**

“

The first thing I do when I wake up in the morning, no matter how I slept, is to raise the shade over the window by my bed and just look quietly outside, noticing the weather, the trees, and the light, and listening to the noises. **Then I find two things to be grateful for**, large or small. Then I say, "All right!" and get out of bed.

**Kris**

”

”

“

What helps me re-center or recharge? **Walks, gardening, leg stretches**, listening to country-gospel hymns on YouTube.

**Tom**

”

“

I walk stairs, do squats or go for a short walk. I remind myself that it could be worse. There are many chronic diseases with fatal prognoses or with more debilitating symptoms. Remember that this too shall pass. **The sun will come up soon** and my symptoms will wane then.

**Kelly**

”

“

I am a 72-year-old male who has had RLS for six years. I dread the evenings because of the discomfort that is sure to follow. I try to use the following techniques to help me relax and fall asleep. Getting a good night's rest is my primary daily goal.

**Take a shower or bath to relax.**

Make sure you are not dehydrated. Drink plenty of water.

Along with my RLS nighttime medication, I take melatonin to help sleep and magnesium tablets to prevent leg cramps. Consult with your doctor prior to incorporating this into your treatment regimen.

Walking during the day is wonderful for helping me relax in the evening. I strive to obtain 6,000 steps each day.

If you start to experience tripping or falling while nightwalking, consult your doctor. Falling can have serious consequences and can contribute to increased anxiety.

If possible, try not to focus on your RLS symptoms, I like to go to my workshop and focus on a project. Engaging in a positive activity and working towards an accomplishment will shorten your evening RLS wrestling match.

No matter how bad your RLS gets, tell yourself that your situation could be worse.

I hope these tips and techniques are helpful for other RLS sufferers.

**Anonymous**

”

## 2024-2025 WEBINARS

### January 2025

Moving Beyond Dopamine Agonists for the Treatment of RLS

Andrew Spector, MD

### February 2025

Current Investigational Therapies in the Treatment of RLS

Andrew J. Berkowski, MD

### March 2025

Case Studies: Advanced Management Strategies for Severe RLS

William Ondo, MD

### April 2025

Disability for RLS Patients

Mark Buchfuhrer, MD

### May 2025

Virtual Town Hall: The Changing Landscape of US Healthcare for Patients, Families, Clinicians, Researchers & Sleep Health Organizations

Collaboration with Wake Up Narcolepsy and Project Sleep

### June 2025

Basics of RLS

Rochelle Zak, MD

### July 2025

RLS & Opioids: Registry Update and Safe Use Strategies

John Winkelman, MD, PhD

### August 2025

RLS Advocacy: Preparing for Hill Day and Legislative Updates

Phil Goglas II and Josh Fein

## RLS Foundation Virtual Summits

### November 2024

RLS Research Virtual Summit

### September 2025

RLS Innovations in Patient Care Summit

## 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 three areas: Quality Care Centers, 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 tax 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 Ekbohm 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 contact us at 512-366-9109 or [info@rls.org](mailto:info@rls.org).

### Levels

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!*

<b>Leaders</b>	<b>\$10,000 and above</b>
<b>Benefactors</b>	<b>\$5,000 to \$9,999</b>
<b>Patrons</b>	<b>\$2,500 to \$4,999</b>
<b>Sponsors</b>	<b>\$1,000 to \$2,499</b>
<b>Sustainers</b>	<b>\$250 to \$999</b>
<b>Supporters</b>	<b>\$100 to \$249</b>
<b>Friends</b>	<b>\$75 to \$99</b>
<b>Contributors</b>	<b>\$1 to \$74</b>

**SUPPORTERS**  
**(\$100 - \$249)**

Anonymous (35)  
Ms. Gerry Abell  
Mr. Larry Adams  
Betty S. Affisco  
Mrs. Carol Agnew  
Mr. Jeremy Ahearn  
Mr. Kasper Ahrensburg  
Ms. Paije Alfano  
Serena Alleman  
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Mr. and Mrs. Gregory C.  
Oberland

# Treasurer Report



**Greg Oberland**  
*Treasurer, RLS Foundation  
Board of Directors*

Thank you for your continued financial support and unwavering commitment to the RLS Foundation during the 2024-25 fiscal year. Individual donors remained the primary source of support for Foundation programs and activities, accounting for 84% of donations collected.

For the second consecutive year, the RLS Foundation Research Grant Program funded four research studies – three in the United States and one in Europe. This sustained level of funding is made possible through the generosity of our members and a collaboration with the American Academy of Sleep Medicine Foundation (AASMF), which co-funded two grant awards. These grants directly champion our mission to advance research toward better treatments and, ultimately, a cure for RLS.

The RLS Foundation's Finance and Audit Committee continues to monitor revenue and expenditures to ensure they are balanced and reviews projections for the upcoming fiscal year. In addition, the Board of Directors provides financial oversight by ensuring resources are used on programs beneficial to the members of the RLS community.

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

It is my pleasure to serve on the RLS Foundation's Board of Directors and as Treasurer. I look forward to the Foundation's continued success!

Sincerely Greg Oberland Treasurer,

RLS Foundation Board of Directors

Sincerely

A handwritten signature in black ink that reads "Greg Oberland". The signature is written in a cursive, flowing style with a large, prominent initial "G".

## 2024 - 2025 Highlights | Financials

### Revenues and support

Contributions	\$1,048,209
Membership Dues	\$133,193
Other	\$63,486
<b>Total revenues and support</b>	<b><u>\$1,244,888</u></b>

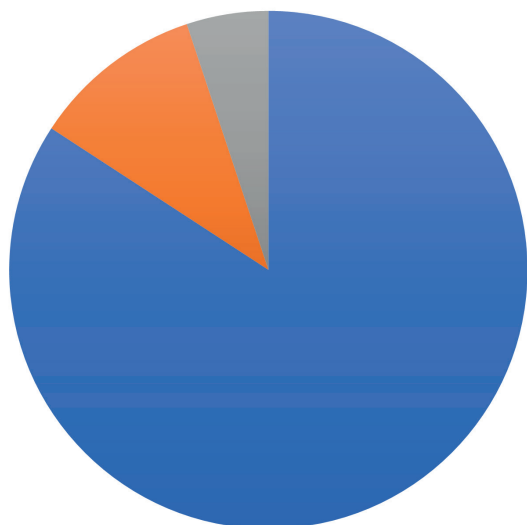
### Expenses

Program services	
Education	\$517,626
Membership	\$235,898
Research	\$227,229
Support Groups	\$56,404
<b>Total program services</b>	<b><u>\$1,037,157</u></b>
Fundraising	\$103,199
Management and general	\$88,572
<b>Total expenses</b>	<b><u>\$1,228,928</u></b>

Statements of Activities For the Fiscal Year Ended September 30, 2025

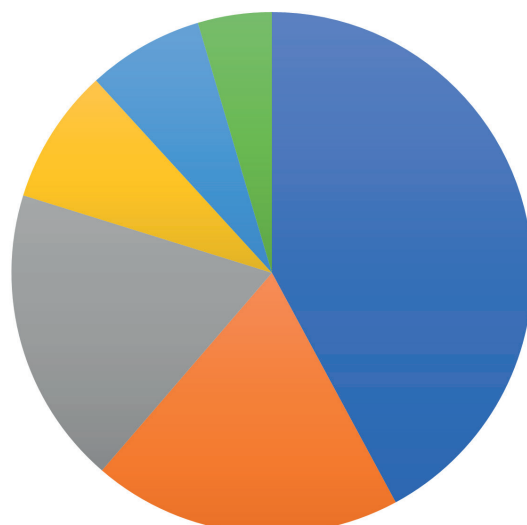
The RLS Foundation's full financial statements, the complete audit opinion of Montemayor Britton Bender PC, and all accompanying notes are available online at: [www.rls.org](http://www.rls.org)

### Where Our Funds Come From



● Contributions	84%
● Membership Dues	11%
● Other	5%

### Where We Use Our Funds



● Education and awareness	42%
● Membership	19%
● Research	18%
● Support Groups	8%
● Fundraising	7%
● Management and general	5%

