When my mother, Rita Hayworth, was diagnosed with Alzheimer’s disease in 1981, I had no idea what it was or what to expect. Until I was introduced to the Alzheimer’s Association (USA), I felt lost and confused.

The knowledge and help I received from them during the years of caring for my mother until her death in 1987 were invaluable. I found that sharing my frustrations and concerns with other carers helped to release the anxiety and strain of coping with a loved one who was losing the ability to care for herself.

I decided that my mother’s illness could be a catalyst for increasing public awareness about dementia. As President of Alzheimer’s Disease International (ADI) since its foundation in 1984, I am proud to be part of a tremendous effort to raise awareness of dementia and to reach out to the 18 million people with dementia and their families.

ADI embraces the world. We are growing rapidly into a network that reflects the true global impact of dementia. There is great diversity in our movement, from the established Alzheimer associations which are more than 20 years old, such as Canada, to emerging associations, such as Zimbabwe.

But we all have one thing in common – we are all rising to the growing challenge of dementia. There is a profound lack of awareness about dementia throughout the world. Even in developed countries, we see only the tip of the iceberg – only the people who contact medical professionals or their Alzheimer associations for help.

We need to break down barriers so that people with dementia and their families come forward. We know in our ADI family that there is no need to go it alone. There are no magic wands, but there is a wealth of knowledge and experience about living with dementia.

We have fostered a strong sense of belonging within ADI. This is a great strength.
She’s not alone: Ninety-six-year-old Mary, from Cochin, India, has Alzheimer’s disease. She is one of 18 million people worldwide with dementia.
We face the road

Our members are diverse but they face similar challenges – raising awareness, lack of government recognition, finding volunteers and raising money to name but a few.

Through ADI, Alzheimer organisations come together and learn from each other in programmes such as the Alzheimer University.

The programme has been running for five years. This year we focused on leadership issues for our smaller but established members.

The three-day programme was facilitated by experienced trainers, fully briefed on the role of each participant and their Alzheimer association. Each participant identified three action points they would implement on their return home.

For the first time, ADI staff took an active part, showing our members that we face the same challenges as they do. There was a strong sense that we are all in this together.

Recognising that our members have limited human and financial resources, ADI’s philosophy is to avoid reinventing the wheel. We do this by encouraging members to share their expertise, such as...
The Memory Walk concept developed by the Alzheimer’s Association (USA).

ADI now encourages members to run their own Memory Walks by sponsoring individuals to attend an annual training conference in the USA, by organising workshops at our conferences and by sharing ‘How to’ manuals. In 2002, 12 countries organised a Memory Walk on World Alzheimer’s Day™.

Every year we hear from three or four individuals who want to start an Alzheimer association in their country.

Their initial contact with ADI usually marks the beginning of a long relationship which starts with putting people in touch with neighbouring members or contacts that ADI has in that country and sending out an information pack that includes our booklet How to develop an Alzheimer association and get results.

These have been helpful first steps for individuals in the Lebanon, Guyana and Kenya.

And as more people come online, our website is increasingly being accessed by carers and people with dementia wanting accurate and reliable information.

- I cannot begin to express my gratitude for all your help. The information you gave me was enough for my grandmother to know that she was misdiagnosed with Alzheimer’s.

ROZHIAR ASKARI, IRAN

I joined my 16 fellow students at the Alzheimer University with quite a few doubts. What practical use would attending bring me? Was I wasting my time?

I had just taken over as chief executive of Association Alzheimer Suisse. But before that, I’d been a marketing manager in the corporate sector – leadership, team-building and communications had been my day-to-day responsibilities.

Looking back though, I feel privileged to have attended. On returning to Switzerland, I was able to put several things we had discussed into practice immediately – in particular, issues around restructuring the board, governance and management.

And I am still coming back to my notes – the trainers made me see the differences between not-for-profit organisations and the corporate world I had come from.

It was also useful to learn from the experiences of other associations.

If you have the chance to attend an Alzheimer University, don’t hesitate!

BIRGITTA MARTENSSON, ASSOCIATION ALZHEIMER SUISSE

Invaluable experience: Birgitta Martensson, right, and her deputy Ruth Ritter-Rauch
People power: More than 300 took part in the Berlin Memory Walk on World Alzheimer’s Day™

What difference has World Alzheimer’s Day™ made...

- An increase in the number of people coming forward for a diagnosis in Malaysia and Nigeria
- Compared with the previous year, Australia’s week-long campaign achieved a 56% increase in the number of media spots
- Media coverage of the launch of Turkey’s first nursing home prompted the mayor in a nearby city to build one in his own city
- Telephone calls to Alzheimer associations increased by an average of 41% around World Alzheimer’s Day™
- 31% of people taking part in a survey by Alzheimer Scotland – Action on Dementia believed that dementia was a normal part of ageing

Dementia is a normal consequence of ageing. If you get dementia, nothing can be done about it. Memory problems are just part of getting old.

These are all common myths. Dispelling these myths through raising awareness and campaigning is a key role of ADI and our member associations.

On September 21 each year, ADI co-ordinates World Alzheimer’s Day™. The 2002 campaign theme – Old age or disease? Recognising dementia – focused on the importance of recognising the early symptoms of dementia.

The campaign received extensive international media coverage and was supported by Professor John Bayley, husband of the late British novelist Dame Iris Murdoch.

Last year a record 52 Alzheimer associations marked World Alzheimer’s Day™ – with the support of ADI through the production and distribution of free promotional materials.

In India, the President, Abdul Kalam, launched the first book on Alzheimer’s disease at the President’s headquarters in New Delhi.

For the newly established Chinese Association of Alzheimer’s Disease and

- Slowly but surely, we have aroused the interest of our government in the plight of people with dementia

ALZHEIMER ASSOCIATION PHILIPPINES

Our family never gave up on

I was 18 when my father got ill – 14 years ago. I remember the first time I went with him to the doctor. The doctor gave him a few verbal tests like counting backwards. He got stuck. I knew he was embarrassed – embarrassed that he could not perform this simple task in front of his son. Going home that day, we both had tears in our eyes.

By chance, I went with my wife, who was expecting our second child, to the obstetrics clinic where I saw

Fighters: Ansar Qayyum, second left, with his father, mother, sister and brother
isn’t it?

Related Disorders, it was their first World Alzheimer’s Day™.

A highlight of 2002’s World Alzheimer’s Day™ was the participation of 12 Alzheimer associations and 11,000 people globally in Memory Walks.

With advances in treatment and earlier diagnosis, it is people with dementia themselves who are now dispelling the myth that life stops when dementia starts.

ADI has taken a leading role in encouraging members to be more inclusive of people with dementia. Working with people with dementia, we produced a factsheet aimed at Alzheimer association staff and volunteers.

Building on the momentum started at ADI’s 2001 conference, the recognition of the need to listen to and include people with dementia gained further ground in 2002. Peter Ashley, who has dementia, spoke at the opening plenary session of our conference – delivering a message on behalf of people with dementia directly to ministers, journalists, researchers and other stakeholders.

our father
to this terrible disease

After starting my first job in a brokerage firm, I’d come home and tell him about my day’s experience, hoping for some sort of response, some advice, but it never came. Day by day I lost my father further to this terrible disease. We tried everything.

Now I am an enthusiastic member of Alzheimer’s Pakistan. I feel as if I am doing something for the sons whose fathers have Alzheimer’s disease.

ANSAR QAYYUM
LAHORE, PAKISTAN

High-profile:
Dame Iris Murdoch, the UK novelist who had Alzheimer’s disease, with her husband Professor John Bayley. Iris died in 1999
A global family on

ADI now has members in every world region. Despite the diversity of language and culture, we are constantly discovering that we have more in common with each other than we have differences.

Nowhere is this unity more evident than at our annual conference – the only opportunity of bringing all members together.

Our conference in 2002 brought staff and volunteers of Alzheimer associations, people with dementia, carers, nurses, clinicians, scientists and researchers together to share and learn from one another.

Quality of life, architecture and design in dementia, music therapy and latest scientific advances were some of the diverse topics discussed. The programme also included workshops on strengthening the organisational capacity of Alzheimer associations by the sharing of best practices.

In addition to meeting internationally, Latin American, Asia Pacific and European associations meet annually at a regional level. The programme for the Asia Pacific meeting in Melbourne, for example, included informal workshops in which Alzheimer’s New Zealand shared its experiences with the other associations.

World view: Volunteers and officers of the Federación Mexicana de Alzheimer set up their stand at ADI's 2002 conference in Spain

Expert opinion: Dr José Bertolote, of the World Health Organization, speaking at ADI's conference

Fighting together: Mary Kates, of England, who has Alzheimer’s disease, with...
common ground

their experiences of working in a coalition for the subsidisation of dementia drugs; and the chapter in Goa, India, explained how it set up a day care centre not only as a model of service provision but also to encourage people to start demanding such services.

In the last four years, our membership has grown from 43 to 64, with 37 associations in developing countries. This rapid growth has prompted us to take stock and we have conducted a governance and membership review over the last year. With so many more members, and most of them in developing countries, ADI has embarked on a new challenge – how to meet the needs of such a diverse array of members.

To keep us on track, we sought professional advice to lead our executive committee through a strategic review. This led to the identification of key goals for the next three years.

Taking stock of where we are and where we want to go through these reviews – which members have been involved in – means we will be better able to continue developing our united strength.

- We are very grateful for the enthusiastic support and service ADI has given Sri Lanka during 2002. We would not have survived the year without it.

TAMI TAMITEGAMA, FOUNDER, LANKA ALZHEIMER FOUNDATION
Facts: our key to the research into the causes and treatment of dementia, and in particular Alzheimer’s disease, has exploded in recent years.

For the past five years, ADI has supported epidemiological research through the 10/66 Dementia Research Group (10/66). Epidemiological studies look at how many people in a community develop dementia. This information is important to organisations planning for the needs of people with dementia, and enables them to convince national policy-makers of the need to provide relevant services.

10/66 was set up in 1998 at the annual conference in Cochin, India. The group’s name refers to the fact that 66% of people with dementia live in developing countries yet less than 10% of all population-based research into dementia has been directed towards the developing world.

10/66 was formed to redress this, encouraging research collaboration between centres in different developing countries and between developed and developing countries. Earlier this year in The Lancet, 10/66 published its first research findings from its dementia diagnosis pilot investigations. Carried out in 16 developing countries, the study showed that using

• Many governments still do not recognise, let alone provide services for, people with dementia and their carers.

PROFESSOR MARTIN PRINCE, 10/66 CO-ORDINATOR

People were neglected, ridiculed

When the 10/66 work began in Goa, we knew the literature claimed 66% of people with dementia lived in developing countries, but we didn’t know where to find them.

With the help of key informants we began to identify people with dementia.

What we found was overwhelming. Ramesh’s mother was kept outside the house because of her destructive and strange behaviour. Shyam thought it was safer to keep his mother-in-law locked inside the house while he went off to work. Antoinette was kept on the floor on a newspaper as her children felt that it was the best way to deal with her incontinence. Vasanti attributed her husband’s behaviour to witchcraft. People regarded it as anything from old age to madness but no one recognised the condition as dementia.

Carers carried a heavy burden. More than 80% of them were female and 50% were spouses who were themselves quite old. People with dementia were often neglected, ridiculed and abused.

Our group in Goa was the...
and abused

Standard assessment techniques on people with low levels of education can result in misdiagnosis.

10/66 was able to identify and test an assessment technique to diagnose dementia ensuring a fair comparison between people from different countries and cultures and with different levels of education.

Dissemination of the latest research findings is important to everyone concerned with dementia. ADI facilitates this via a research update column in our newsletter and by circulating research alerts via email.

Distributing breaking news to our members ahead of public release is vital. This was the case when clinical trials for the experimental Alzheimer’s ‘vaccine’ were suspended. By alerting our members to this, we gave them time to gather relevant facts for responding to calls from journalists, carers, people with dementia and the general public.

First to complete the dementia diagnosis study. The findings have led to the development of dementia-sensitive services including a project to empower carers and the first home in India for people with dementia is being constructed in Goa.

Service development in India needs to take account of the fact that dementia tends to be a hidden problem, as it is perceived to be part of normal ageing. 10/66’s findings provide evidence to help us influence the state’s health policy.

AMIT DIAS, 10/66 RESEARCHER FROM GOA, INDIA

Testing times: Research into dementia has increased in recent years

PICTURE COURTESY OF SATRA TECHNOLOGY CENTRE
002 was another good financial year for ADI. We ended the year with a surplus, further boosting reserves to provide future security.

We appreciate the continued support of our members and also the donations from trusts, individuals and newsletter subscribers.

Something in the accounts that should be explained is that the 2002 figures include $100,000 which was restricted at the end of the year. This amount is sponsorship from Janssen-Cilag for the 2003 annual conference.

In previous years the conference has received the sponsorship funds directly, but for the 2003 conference it was given to ADI due to the late change of conference venue. ADI and the conference hosts appreciate the support of Janssen-Cilag.

In the course of 2002, we expended the grant from Pfizer and Eisai of $100,000 that we received in 2001, and we remain grateful to them for their support.

We would also like to express our appreciation of the grants from A&S Burton Charitable Trust and from the Harold Hyam Wingate Foundation in support of the World Alzheimer’s Day programme.

We are dependent on the continuing support of our members and donors, and thank them for their support.

HENNIE DE CLERQ, TREASURER

Treasurer’s report

We have audited the accompanying statements of financial position of Alzheimer’s Disease International as of December 31, 2002 and 2001 and the related statements of activities and changes in net assets, statements of functional expenses and statements of cash flows for the years then ended.

These financial statements are the responsibility of the organisation’s management.

Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Alzheimer’s Disease International as of December 31, 2002 and 2001 and the results of its activities and changes in net assets, functional expenses and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

RUZICKA & ASSOCIATES LTD CERTIFIED PUBLIC ACCOUNTANTS UNITED STATES FEBRUARY 2003

Auditor’s report

Finance

Notes to financial statements December 31, 2002 and 2001

1. Summary of significant accounting policies

Purpose of the organisation Alzheimer’s Disease International: The International Federation of Alzheimer’s Disease and Related Disorders Societies, Inc. (ADI) was incorporated in 1985 as a worldwide organisation to: advance the well-being of people with dementia, their families and caregivers; provide a worldwide forum to foster discussion, research, education and public policy about dementia; foster the development of voluntary organisations and facilitate cooperation among international organisations.

Basis of accounting The accompanying financial statements are prepared in accordance with generally accepted accounting principles as set forth in the Financial Accounting Standards Board Statements 116 and 117. Revenue and expenses are recorded on the accrual basis of accounting. All contributions are considered available for unrestricted use, unless specified by the donor. Restricted grants are recognised as temporarily restricted revenue when received and transferred to the unrestricted fund when expended.

Dues are payable July 31 for the calendar year end and are based on the prior year end financial statements. All computations are performed by the member organisations. Candidates for membership pay a $50 application fee, which is applied, to their first year’s dues if they are approved for full membership.

Fixed assets Furniture and equipment is recorded at cost and depreciation is provided on a straight-line basis over the estimated useful lives of three to five years.

Income taxes Alzheimer’s Disease International is a nonprofit organisation exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code.

Functional expense allocation Expenses have been allocated to programme and supporting services based on estimates made by management.

Accounting estimates The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

2. Net Assets ADI classifies its net assets into two categories:

- Unrestricted net assets include all of the unrestricted support and revenue of ADI. All of the expenses of the organisation are recorded in this category and transfers from temporarily restricted net assets are made as the restrictions of the grants are met.
- Temporarily restricted net assets include all the restricted support and revenue of ADI. Transfers are made from this fund to unrestricted net assets as expenditures are incurred that meet the restrictions of the donors.

3. Major support ADI receives approximately 80 per cent of its dues revenues from four member organisations. Major contributions were received from five sources in 2002 and 2001.

4. In kind contributions In 2002 ADI received $23,500 ($21,150 in 2001) of in-kind contributions from the Alzheimer’s Society (England, Wales and Northern Ireland) in the form of rent and office support. This gift has been recorded as a contribution and as occupancy expense in the accompanying financial statements.

In addition, the outgoing Chairman of ADI contributed approximately $7,000 in expenses for travel, telephone and related costs, which have not been reflected in these financial statements.

5. Programme activities The major activities of ADI include the Alzheimer University – a programme designed to strengthen the work of Alzheimer associations: an annual international conference; printing of educational materials (newsletter, fact sheets and booklets); assistance to members; development of new Alzheimer associations and World Alzheimer’s Day.

6. Friends of ADI: Friends of ADI (Friends) was created in 1999 as a United Kingdom charity to raise money for ADI. These funds are temporarily restricted and are to be spent in accordance with the restrictions of the Friends of ADI trustees.

Friends raised approximately £7,000 in 2002 and £20,000 in 2001, which is included in temporarily restricted contributions.

None of these funds is restricted at December 31, 2002.
Statements of financial position

December 31, 2002 and 2001

<table>
<thead>
<tr>
<th>Assets</th>
<th>2002</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and cash equivalents</td>
<td>279,081</td>
<td>267,215</td>
</tr>
<tr>
<td>Dues receivable</td>
<td>2,091</td>
<td>0</td>
</tr>
<tr>
<td>Due from conference</td>
<td>64,967</td>
<td>132,687</td>
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<tr>
<td>Grants receivable</td>
<td>100,000</td>
<td>132,687</td>
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<tr>
<td>Due from Friends of ADI</td>
<td>0</td>
<td>15,642</td>
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<tr>
<td>Prepaid expenses &amp; other</td>
<td>4,919</td>
<td>190</td>
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<tr>
<td>Fixed assets, net of accumulated depreciation of $34,294 in 2002 and $27,001 in 2001</td>
<td>8,754</td>
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<tr>
<td>Interfund balance</td>
<td>(101,448)</td>
<td>112,816</td>
</tr>
<tr>
<td>Total assets</td>
<td>358,364</td>
<td>464,081</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Liabilities and net assets</th>
<th>2002</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable</td>
<td>40,257</td>
<td>87,143</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>40,257</td>
<td>87,143</td>
</tr>
<tr>
<td>Net assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>318,107</td>
<td>264,122</td>
</tr>
<tr>
<td>Temporarily restricted</td>
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<td>112,816</td>
</tr>
<tr>
<td>Total net assets</td>
<td>419,555</td>
<td>376,938</td>
</tr>
<tr>
<td>Total liabilities and net assets</td>
<td>358,364</td>
<td>464,081</td>
</tr>
</tbody>
</table>

Support and revenue

<table>
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<tr>
<th>2002</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dues</td>
<td>220,890</td>
</tr>
<tr>
<td>Contributions and grants</td>
<td>84,450</td>
</tr>
<tr>
<td>In-kind contributions - occupancy</td>
<td>23,500</td>
</tr>
<tr>
<td>Interest and other</td>
<td>1,670</td>
</tr>
<tr>
<td>Gain (loss) on currency exchange transactions</td>
<td>24,486</td>
</tr>
<tr>
<td>Net assets released from restriction: Satisfaction of program restrictions</td>
<td>147,515</td>
</tr>
<tr>
<td>Total support and revenue</td>
<td>502,511</td>
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</table>

Expenses

<table>
<thead>
<tr>
<th>2002</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program services</td>
<td></td>
</tr>
<tr>
<td>Conference</td>
<td>59,304</td>
</tr>
<tr>
<td>Information</td>
<td>63,104</td>
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<tr>
<td>Member support and development</td>
<td>61,210</td>
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<tr>
<td>Promotion</td>
<td>50,177</td>
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<tr>
<td>Research</td>
<td>9,858</td>
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<tr>
<td>Total program services</td>
<td>298,652</td>
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<tr>
<td>Support services</td>
<td></td>
</tr>
<tr>
<td>General administration</td>
<td>94,479</td>
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<tr>
<td>Fundraising</td>
<td>55,395</td>
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<tr>
<td>Total support services</td>
<td>149,874</td>
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<tr>
<td>Total expenses</td>
<td>448,526</td>
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</table>

Increase (decrease) in net assets

<table>
<thead>
<tr>
<th>2002</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning of year</td>
<td>264,122</td>
</tr>
<tr>
<td>End of year</td>
<td>318,107</td>
</tr>
</tbody>
</table>

Net assets

<table>
<thead>
<tr>
<th>2002</th>
<th>2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beginning of year</td>
<td>264,122</td>
</tr>
<tr>
<td>End of year</td>
<td>318,107</td>
</tr>
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</table>
## Statements of functional expenses

### For the year ended December 31, 2002

<table>
<thead>
<tr>
<th>Program Services</th>
<th>Support Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Conferences</strong></td>
<td><strong>Total</strong></td>
</tr>
<tr>
<td><strong>Membership</strong></td>
<td><strong>Membership</strong></td>
</tr>
<tr>
<td><strong>Promotion</strong></td>
<td><strong>Promotion</strong></td>
</tr>
<tr>
<td><strong>Research</strong></td>
<td><strong>Research</strong></td>
</tr>
<tr>
<td><strong>General</strong></td>
<td><strong>General</strong></td>
</tr>
<tr>
<td><strong>Administrations</strong></td>
<td><strong>Administrations</strong></td>
</tr>
<tr>
<td><strong>Funding</strong></td>
<td><strong>Funding</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>Total</strong></td>
</tr>
<tr>
<td><strong>Percent of Total</strong></td>
<td><strong>Percent of Total</strong></td>
</tr>
<tr>
<td><strong>NET</strong></td>
<td><strong>NET</strong></td>
</tr>
<tr>
<td><strong>Revenues</strong></td>
<td><strong>Revenues</strong></td>
</tr>
<tr>
<td><strong>Membership</strong></td>
<td><strong>Membership</strong></td>
</tr>
<tr>
<td><strong>Membership</strong></td>
<td><strong>Membership</strong></td>
</tr>
<tr>
<td><strong>Program Services</strong></td>
<td><strong>Program Services</strong></td>
</tr>
<tr>
<td><strong>Support Services</strong></td>
<td><strong>Support Services</strong></td>
</tr>
<tr>
<td><strong>NET</strong></td>
<td><strong>NET</strong></td>
</tr>
<tr>
<td><strong>Expenditures</strong></td>
<td><strong>Expenditures</strong></td>
</tr>
<tr>
<td><strong>Expenditures</strong></td>
<td><strong>Expenditures</strong></td>
</tr>
<tr>
<td><strong>NET</strong></td>
<td><strong>NET</strong></td>
</tr>
<tr>
<td><strong>Depreciation</strong></td>
<td><strong>Depreciation</strong></td>
</tr>
<tr>
<td><strong>Netted</strong></td>
<td><strong>Netted</strong></td>
</tr>
</tbody>
</table>

### Statements of cash flows

#### For the years ended December 31, 2002 and 2001

<table>
<thead>
<tr>
<th>Year</th>
<th>Unrestricted Funds</th>
<th>Temporarily Restricted Funds</th>
<th>Total</th>
<th>Unrestricted Funds</th>
<th>Temporarily Restricted Funds</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>53,985</td>
<td>(11,368)</td>
<td>42,617</td>
<td>132,917</td>
<td>36,660</td>
<td>169,577</td>
</tr>
<tr>
<td>2001</td>
<td>53,985</td>
<td>(11,368)</td>
<td>42,617</td>
<td>132,917</td>
<td>36,660</td>
<td>169,577</td>
</tr>
</tbody>
</table>

### Cash flows from operating activities:

- **Change in net assets:** 53,985 (11,368) 42,617
- **Adjustments to reconcile change in net assets to net cash provided by operating activities:**
  - **Depreciation:** 7,293
  - **Increase in interfund balance:** (11,368) 11,368 36,660 (56,638)
  - **Decrease (increase) in dues receivable:** (1,691) (1,691) 2,500
  - **Decrease (increase) in loan for conference:** (29,967) (29,967) 21,500
  - **Decrease (increase) in grant receivable:** 32,687 32,687 (128,457)
  - **Decrease in due from Friends of ADI:** 15,642 15,642 31,492
  - **Increase in prepaid expenses:** (4,729) (4,729) (33,755)
  - **Increase (decrease) in accounts payable:** (46,886) (46,886) 56,926
  - **Net change in interfund balance:** 14,966 14,966 125,934
  - **Investing activities:**
    - **Purchase of fixed assets:** (3,100) (3,100)
    - **Increase in cash:** 11,866 11,866
  - **Cash and cash equivalents:**
    - **Beginning of year:** 267,215 267,215
    - **End of year:** 279,081 279,081

### Net cash flow from operations:

- **2002:** 14,966
- **2001:** 14,966

### Net cash flow from investing activities:

- **2002:** (3,100)
- **2001:** (9,864)

### Net cash flow from financing activities:

- **2002:** 11,866
- **2001:** 116,070

### Net increase in cash:

- **2002:** 11,866
- **2001:** 136,048
How we spend your money...

**Income**
Most of our income comes from our member Alzheimer associations, who pay membership dues according to their own income, and from corporations, individuals and trusts who contribute towards our work.

Member dues accounted for 45 per cent of our income in 2002.

The support of corporations, last year including Pfizer & Eisai and Janssen-Cilag, accounted for the majority of our grant income, along with a share of the profits from our annual conference.

The balance of the contributions we receive comes from individuals and trusts.

We have a UK-registered charity, Friends of ADI, which enables us to receive support tax-effectively from donors in the UK. Friends of ADI does not run any programmes of its own – it exists only to support the work of ADI.

**Expenditure**
Our expenses are classified into seven functions: our five main areas of work, management and administration, and fundraising. ‘Membership support and development’ includes the Alzheimer University training programme. ‘Information’ covers our factsheets, booklets, newsletter, and website.

Our key event for ‘Promotion and awareness’ is World Alzheimer’s Day™. Our spending on ‘Research’ is through support of the 10/66 Dementia Research Group, and the ‘Conference’ covers our annual meeting.

Most of our work is undertaken internally with our own staff organising and running core activities. Expenditure is carefully controlled to ensure that we make best use of our resources.

How can you help?

We have an ambitious plan for the next three years to strengthen Alzheimer associations worldwide, help to develop new associations in nine countries and become recognised as the international voice of people with dementia and their families.

There are currently 18 million people in the world with dementia.

This figure is set to rise to 34 million by 2025.

This means that over the next 22 years, about 2,000 people will develop dementia in the world every day.

We need to take action NOW to ensure that there will be services and support throughout the world tomorrow. We need to get dementia on everybody’s agenda. Everybody needs to know about it.

Over the next year we plan to:
- Develop regional training programmes on associations’ effectiveness
- Build the impact of World Alzheimer’s Day™
- Develop a training programme for carers in developing countries
- Encourage more partnerships between member associations

Dementia is still a hidden problem and we need to bring it out of the shadows.

Your support will enable us to do this by strengthening our movement worldwide, so that people with dementia and their families will have better access to the support and services they need.

Please use the tear-off slip opposite to make a donation.
Support Alzheimer’s Disease International

ADI relies on donations in order to carry out our work. A donation from you can make a real difference. We have a sister charity in the UK, Friends of ADI. Friends of ADI does not run any programmes of its own - it exists solely to support the work of ADI. If you are a UK taxpayer, we can reclaim tax on your donation under the Gift Aid scheme. US donations to ADI are tax deductible.

I would like to make a donation of:
- £10/$15
- £25/$40
- £50/$75
- £100/$150
- £250/$350
- £500/$750
- other £ ___ / $___

UK TAXPAYERS
Method of payment
- I enclose a cheque made payable to Friends of ADI

I am a UK taxpayer and would like to make a Gift Aid donation to Friends of ADI (Reg. Charity No. 1076992).

Signature ..........................................................
Date .............................................................

OTHERS INCLUDING UK NON-TAXPAYERS
Methods of payment:
- I enclose an international banker’s draft / UK cheque payable to Alzheimer’s Disease International
- I would like to make a payment to Alzheimer’s Disease International by Visa/MasterCard/Switch/Delta/Eurocard/Solo/JCB

Card no .........................................................
Valid from .................. Expiry date ..............
Issue no .................. (Switch/Solo only)
Signature ..........................................................
Date .............................................................

Name .............................................................
Address ..........................................................
.............................................................
Postcode/Zip ..................................................
Country ..........................................................
E-mail ..........................................................

(You can also donate to ADI online at www.alz.co.uk)
I would like more information about:
- Subscribing to ADI’s newsletter
- World Alzheimer’s Day
- Publications on dementia
- Contact details of the Alzheimer association in my country

We would like to contact you occasionally with news of how you might be able to help. If you would rather we didn’t contact you tick the box below
- Please do not contact me in the future

Please send this form to:
Alzheimer’s Disease International,
45/46 Lower Marsh, London SE1 7RG, UK
Executive Officers (as at 23 October 2002):
President Princess Yasmin Aga Khan, USA
Chairman Henry Brodaty, Australia
Vice Chairman Orien Reid, USA
Treasurer Hennie De Clercq, South Africa
Founder and Honorary Vice President Jerome Stone, USA
Honorary Vice President Brian Moss, Australia
Honorary Vice President Nori Graham, UK

Executive Committee (as at 23 October 2002):
Daisy Acosta, Dominican Republic
Steve DeKosky*, USA
Ruth Goldberg, Israel
Hussain Jafri, Pakistan
Pekka Laine, Finland
Christine McGregor, Scotland
Li Ling Ng, Singapore
Karla Peijs**, Netherlands
Jacob Roy, India
Aquiles Salas, Venezuela
Verna Schofield, New Zealand
Mirka Wojciechowska, Poland
Edwin Yu Chi Shing, Hong Kong SAR

* also chairman of the medical and scientific panel
**resigned June 2003

ADI members

Argentina  Cyprus  Greece  Malaysia  Romania  Switzerland
Australia  Czech Republic  Guatemala  Mexico  Russia  Thailand
Austria  Denmark  Hong Kong SAR  Netherlands  Scotland  Trinidad and Tobago
Belgium  Dominican Republic  Iceland  New Zealand  Serbia and Montenegro
Brazil  Ecuador  India  Nigeria  Singapore
Canada  Egypt  Ireland  Pakistan  South Africa
Chile  El Salvador  Israel  Panama  Spain
PR China  Finland  Italy  Peru  Sri Lanka
Colombia  France  Japan  Philippines  Sweden
Costa Rica  Germany  Korea  Poland  Switzerland
Cuba

Staff
Elizabeth Rimmer, Executive Director
Michael Lefevre, Finance and Technology Officer
Susan Frade, Membership and Communications Officer
Helen Regan, Administrator
There are 18 million people in the world with dementia. This is set to rise to 34 million by 2025. We need to take action TODAY to ensure that there will be help for people with dementia and their carers TOMORROW.

Please turn over to find out how you can help