



**Alzheimer's Disease
International**

Annual Report

2002/2003



Bringing the world of dementia together

THE CHALLENGE

Dementia is a progressive, degenerative brain syndrome that affects memory, thinking, behaviour and emotion. It knows no social, economic, ethnic or geographical boundaries. Alzheimer's disease is the most common cause of dementia. Eighteen million people worldwide have dementia and this will rise to 34 million over the next 20 years.

THE VISION

We want to improve the quality of life for people with dementia and their families throughout the world. We need to plug the gaps in service provision and ensure that advances in the management and treatment of dementia are disseminated throughout the world.

OUR AIMS

ADI was launched in 1984. We are a membership-based organisation, a global network of Alzheimer associations and have an official relationship with the World Health Organization. Our purpose is to help build Alzheimer associations and raise awareness about dementia. Stronger Alzheimer associations are better able to meet the needs of people with dementia and their families. We provide a forum for members to exchange knowledge and skills. Our key activities are:

- Dissemination of information
- International conferences
- Training programmes
- Raising awareness
- Research into prevalence and impact of dementia

Message from our President, Princess Yasmin



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

Message from our Chairman and our Executive

**Chairman
Henry
Brodaty**



**Executive
Director
Elizabeth
Rimmer**



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.

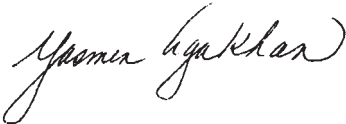
We have fostered a strong sense of belonging within ADI. This is a great strength.

Front cover picture shows Catherine Siow, of Malaysia, and her mother who has Alzheimer's disease

PICTURE COURTESY OF THE STAR PUBLICATION, MALAYSIA

Aga Khan

families worldwide.
ADI is committed to building effective Alzheimer associations throughout the world, so that these associations are better able to meet the needs of people with dementia and their families.
With your support ADI will continue to expand its global network.



Director

No one organisation can tackle dementia on its own. By uniting our financial and human resources under the umbrella of ADI, together we will be better able to meet the challenge of dementia. There is no time to lose.



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

THE FACTS

■ In April, ADI brought together members from Germany, Belgium, Denmark, Greece, Russia, Poland, Spain, Switzerland, Luxembourg, Israel, South Africa and Romania for the Alzheimer University

■ *Global Perspective*, ADI's newsletter, is a forum for exchanging innovative practices such as the cartoon book for illiterate communities developed by Ravi Samuel, a member of ADI's 10/66 Dementia Research Group

■ ADI's booklet *Help for Caregivers*, prepared in collaboration with the World Health Organization, has been translated into several languages including Spanish, Russian, Japanese, Arabic, Hindi, Korean, Danish, Chinese, Tamil and Hebrew

■ Visits to our website have increased by 37 per cent over the last year

■ Last year, ADI launched a monthly 'ask the expert' programme. Questions posed by members have related to working with the media, fundraising and setting up a telephone helpline



Getting the message across: This cartoon is taken from Ravi Samuel's book for use in India



A problem shared... From left, Sabine Henry, chairman Ligue Alzheimer (Belgium), and Ligie Borochowitz, chairman of the Western Cape region (South Africa), at the Alzheimer University

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



Spreading the word: More than 2,000 people took part in Singapore's first Memory Walk

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



A CHANCE NOT TO BE MISSED

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 Riitter-Rauch

ium), Jean Georges, executive director Alzheimer Europe and Karen
imer University

ahead together

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

THE FACTS



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

It's to do with age,

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



Royal welcome: Sweden's Queen Silvia is greeted by Krister Westerlund, of Alzheimerforeningen i Sverige, at the World Alzheimer's Day seminar in Stockholm

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



Fighters: Ansar Qayyum, second left, with his father, mother, sister and brother

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

‘ Day by day I lost him one of ADI's World Alzheimer's Day™ posters.

The doctor, who was the patron of Alzheimer's Pakistan, gave me the number to contact. The association was very helpful and supportive and gave me all the information and literature ADI had given them.

I never gave up on my dad. I read him the newspaper every day while my mother fed him breakfast.

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



THE FACTS

- More than 2,100 people from 68 countries attended our annual conference in Barcelona, Spain
- ADI provided 31 bursaries to individuals of Alzheimer associations and members of the 10/66 Dementia Research Group to take part in our conference
- Each association is offered a free exhibition stand at the conference to showcase their work, giving delegates a chance to literally walk around the world
- Last year, ADI welcomed four new Alzheimer associations as members – Egypt, Panama, Serbia & Montenegro and Zimbabwe
- Meeting internationally and regionally fosters relationships between associations, some of which develop into formal partnerships such as the exchange programme between the Alzheimer's Society (UK) and the Alzheimer's and Related Disorders Association of India



Fighting together: Mary Kates, of England, who has Alzheimer's disease, with

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



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

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



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



THIS IS MY ADI

All of us who are involved in ADI have our own experience of it. It will depend on what country you are from, whether you are on a committee or a regular conference goer and how much you enjoy late-night discussions with like-minded people from around the world in a mixture of imperfect languages.

My ADI is a glorious mixture of new knowledge and understanding, sharing experiences, making and keeping friends from across the world, discovering that similarities are more important than differences and best of all working with people who want to build not destroy.

In the troubled world we live in voluntary networks, such as Alzheimer organisations, are truly a help for the present and a hope for the future.

I've learned that you can always go on learning.

I've learned that international friendship is easy but international doing is hard.

In the end I've learned that ADI is not a collection of organisations but a movement of people; people whose race and language and national and political backgrounds are less important than their shared experience of dementia. I've learned that ADI is civil society at its best.



HARRY CAYTON,
FORMER CHIEF EXECUTIVE,
ALZHEIMER'S SOCIETY (UK)

her husband Cyril

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

THE FACTS



Front man: Martin Prince, co-ordinator of the 10/66 group

■ In the last two years, 10/66 has trained more than 100 researchers in 36 centres in 27 developing countries

■ Assessment tools for researchers have been translated from English into seven Indian languages, Mandarin and Cantonese, Bahasa Indonesian, Yoruba, Spanish, French, Portuguese and Russian

■ Researchers interviewed 2,885 people aged 60 years and older in Asia, Africa, Latin America and the Caribbean in the dementia diagnosis pilot study

■ To date, 10/66 has existed on a shoestring at a total direct cost of about £20,000 – mostly spent on networking and training

■ The World Health Organization has funded a project following the successful work in India demonstrating that local generic health workers can be trained to identify cases of dementia in the local community

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



Starting out: The first 10/66 meeting was held in Cochin, India, during ADI's 1998 conference

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



Grassroots level: Amit Dias conducting a survey in rural Goa

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

future

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.

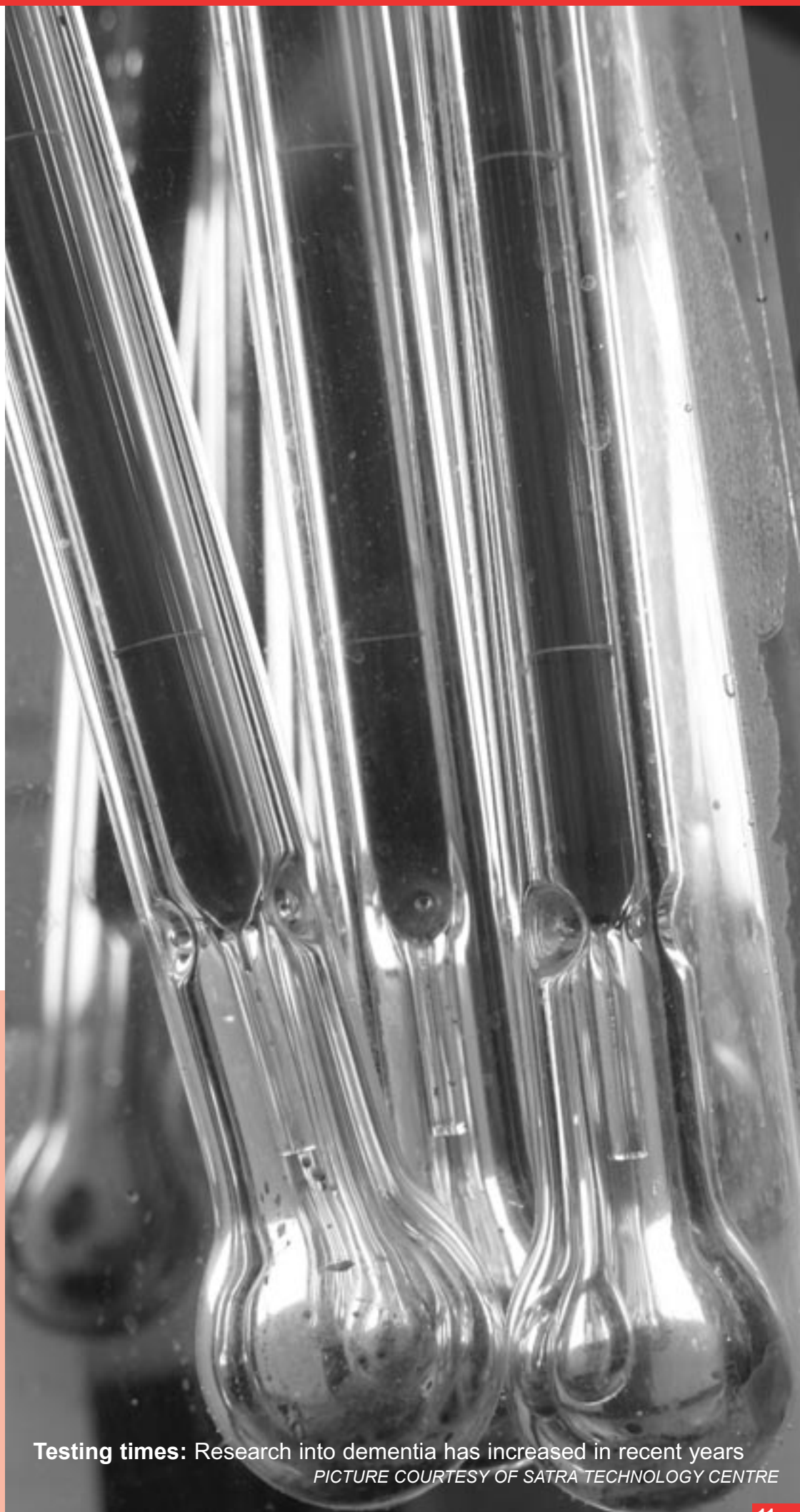
Distributing breaking news to our members ahead of public release is vital. This was the case when clinical trials for the experimental Alzheimer's 'vaccine' were suspended. By alerting our members to this, we gave them time to gather relevant facts for responding to calls from journalists, carers, people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

and abused

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

Treasurer's report

2002 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 hosts 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 CLERCQ,
TREASURER**



Auditor'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 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**

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 world wide forum to foster discussion, research, education and public policy about dementia; foster the development of voluntary associations; 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 specifically restricted by the donor. Restricted grants are recognised as temporarily restricted revenue when received and transferred to the unrestricted fund when expended.

Dues are computed as a percentage of members' unrestricted revenues. Minimum dues for 2002 and 2001 are generally \$1,000 (in 2002 dues for low income countries are \$100).

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 which 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.

The conference is co-ordinated and planned by a member country upon the ADI board approval of a conference proposal. The 2002 conference was held in Barcelona, Spain and in 2001 was held in Christchurch, New Zealand. The conference expenses are primarily for the registration and printing of conference materials and in 2001 for travel assistance for people to attend the conference. ADI receives a share of the conference fees, which amounted to \$65,000 in 2002 and \$38,000 in 2001.

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 \$17,000 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

	2002			2001		
	UNRESTRICTED FUNDS \$	TEMPORARILY RESTRICTED FUNDS \$	TOTAL \$	UNRESTRICTED FUNDS \$	TEMPORARILY RESTRICTED FUNDS \$	TOTAL \$
Assets						
Cash and cash equivalents	279,081		279,081	267,215		267,215
Dues receivable	2,091		2,091	400		400
Due from conference	64,967		64,967	35,000		35,000
Grants receivable	100,000		100,000	132,687		132,687
Due from Friends of ADI	0		0	15,642		15,642
Prepaid expenses & other	4,919		4,919	190		190
Fixed assets, net of accumulated depreciation of \$34,294 in 2002 and \$27,001 in 2001	8,754		8,754	12,947		12,947
Interfund balance	(101,448)	101,448	0	(112,816)	112,816	0
Total assets	358,364	101,448	459,812	351,265	112,816	464,081
Liabilities and net assets						
Liabilities						
Accounts payable	40,257		40,257	87,143		87,143
Total liabilities	40,257	0	40,257	87,143	0	87,143
Net assets						
Unrestricted	318,107		318,107	264,122		264,122
Temporarily restricted		101,448	101,448		112,816	112,816
Total net assets	318,107	101,448	419,555	264,122	112,816	376,938
Total liabilities and net assets	358,364	101,488	459,812	351,265	112,816	464,081

Statements of activities and changes in net assets For the years ended December 31, 2002 and 2001

	2002				2001			
	UNRESTRICTED FUNDS \$	TEMPORARILY RESTRICTED FUNDS \$	TOTAL \$	PERCENT OF SUPPORT & REVENUE	UNRESTRICTED FUNDS \$	TEMPORARILY RESTRICTED FUNDS \$	TOTAL \$	PERCENT OF SUPPORT & REVENUE
Support and revenue								
Dues	220,890		220,890	44.97%	170,480		170,480	26.98%
Contributions and grants	84,450	136,147	220,597	44.92%	237,220	201,888	439,108	69.50%
In-kind contributions - occupancy	23,500		23,500	4.78%	21,150		21,150	3.35%
Interest and other	1,670		1,670	0.34%	3,896		3,896	0.62%
Gain (loss) on currency exchange transactions	24,486		24,486	4.99%	(2,819)		(2,819)	(0.45%)
Net assets released from restriction: Satisfaction of program restrictions	147,515	(147,515)	0		165,228	(165,228)	0	
Total support and revenue	502,511	(11,368)	491,143	100.00%	595,155	36,660	631,815	100.00%
Expenses								
Program services								
Conference	59,304		59,304	12.07%	61,210		61,210	9.69%
Information	63,104		63,104	12.85%	62,397		62,397	9.88%
Member support and development	116,209		116,209	23.66%	112,059		112,059	17.74%
Promotion	50,177		50,177	10.22%	51,295		51,295	8.12%
Research	9,858		9,858	2.01%	54,368		54,368	8.61%
Total program services	298,652	0	298,652	60.81%	341,329	0	341,329	54.02%
Support services								
General administration	94,479		94,479	19.24%	85,196		85,196	13.48%
Fundraising	55,395		55,395	11.28%	35,713		35,713	5.65%
Total support services	149,874	0	149,874	30.52%	120,909	0	120,909	19.14%
Total expenses	448,526	0	448,526	91.32%	462,238	0	462,238	73.16%
Increase (decrease) in net assets	53,985	(11,368)	42,617	8.68%	132,917	36,660	169,577	26.84%
Net assets								
Beginning of year	264,122	112,816	376,938		131,205	76,156	207,361	
End of year	318,107	101,448	419,555		264,122	112,816	376,938	

Statements of functional expenses

	PROGRAM SERVICES					SUPPORT SERVICES			PERCENT OF TOTAL	TOTAL 2001
	CONFERENCE \$	INFORMATION \$	MEMBER SUPPORT & DEVELOPMENT \$	PROMOTION & AWARENESS \$	RESEARCHS	GENERAL ADMINISTRATIONS	FUNDRAISING \$	TOTAL \$		
For the year ended December 31, 2002										
Salaries and related expenses	31,185	35,850	43,662	15,171	2,474	54,484	42,710	225,536	50.28%	190,633
Grants to members			53,581					53,581	11.95%	94,366
Occupancy including donated space	5,475	5,475	5,475	5,475	5,475	10,182	5,477	43,034	9.59%	30,263
Printing	467	10,846	641	14,422	285	2,907	99	30,560	6.81%	41,661
Postage and delivery	2,566	9,274	1,306	8,689		902	266	23,003	5.13%	25,760
Office expense and miscellaneous	1,145	20	1,713	94		10,126	2,132	15,230	3.40%	15,053
Telephone and internet	610	582	597	703	582	1,916	582	5,572	1.24%	7,791
Professional fees			2,868			11,486	1,771	16,125	3.60%	11,874
Conferences and meetings, including travel and accommodations	16,814	15	5,324	4,581		1,434	424	28,592	6.37%	38,686
Total expenses before depreciation	58,262	62,062	115,167	49,135	8,816	93,437	54,354	441,233	98.37%	456,087
Depreciation	1,042	1,042	1,042	1,042	1,042	1,042	1,041	7,293	1.63%	6,151
Total 2002	59,304	63,104	116,209	50,177	9,858	94,479	55,395	448,526	100.00%	
Percent of total	13.22%	14.07%	25.91%	11.19%	2.20%	21.06%	12.35%	100.00%		
Total 2001	61,210	62,397	112,059	51,295	54,368	85,196	35,713			462,238
Percent of total	13.24%	13.50%	24.24%	11.10%	11.76%	18.43%	7.73%			100.00%

For the year ended December 31, 2001

Salaries and related expenses	28,309	32,631	39,797	13,933	2,215	47,822	25,926	190,633	41.24%	
Grants to members	5,590		38,350		50,426			94,366	20.42%	
Occupancy including donated space	4,539	5,145	6,355	2,118	303	7,566	4,237	30,263	6.55%	
Printing	1,275	13,500	963	20,683	18	4,962	260	41,661	9.01%	
Postage and delivery	3,338	8,623	1,764	10,421		1,614		25,760	5.57%	
Office expense and miscellaneous	150		2,910	9	77	9,167	2,740	15,053	3.26%	
Telephone and internet	832	1,445	703	964	503	2,719	625	7,791	1.69%	
Professional fees			1,833			8,953	1,088	11,874	2.57%	
Conferences and meetings, including travel and accommodations	16,264		18,100	2,717	755	850		38,686	8.37%	
Total expenses before depreciation	60,297	61,344	110,775	50,845	54,297	83,653	34,876	456,087	98.67%	
Depreciation	913	1,053	1,284	450	71	1,543	837	6,151	1.33%	
Total 2001	61,210	62,397	112,059	51,295	54,368	85,196	35,713	462,238		
Percent of total	13.24%	13.50%	24.24%	11.10%	11.76%	18.43%	7.73%	100.00%		

Statements of cash flows For the years ended December 31, 2002 and 2001

	2002			2001		
	UNRESTRICTED FUNDS \$	TEMPORARILY RESTRICTED FUNDS \$	TOTAL \$	UNRESTRICTED FUNDS \$	TEMPORARILY RESTRICTED FUNDS \$	TOTAL \$
Cash flows from operating activities:						
Change in net assets	53,985	(11,368)	42,617	132,917	36,660	169,577
Adjustments to reconcile change in net assets to net cash provided by operating activities:						
Depreciation	7,293		7,293	6,151		6,151
Change in interfund balance	(11,368)	11,368		36,660	(56,638)	
Decrease (increase) in dues receivable	(1,691)		(1,691)	2,500		2,500
Decrease (increase) in loan for conference	(29,967)		(29,967)	21,500		21,500
Decrease (increase) in grant receivable	32,687		32,687	(128,457)		(128,457)
Decrease in due from Friends of ADI	15,642		15,642	31,492		31,492
Increase in prepaid expenses	(4,729)		(4,729)	(33,755)		(33,755)
Increase (decrease) in accounts payable	(46,886)		(46,886)	56,926		56,926
Net cash flow from operations	14,966		14,966	125,934		125,934
Investing activities						
Purchase of fixed assets	(3,100)		(3,100)	(9,864)		(9,864)
Increase in cash	11,866		11,866	116,070		136,048
Cash and cash equivalents						
Beginning of year	267,215		267,215	151,145		151,145
End of year	279,081		279,081	267,215		287,193

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.

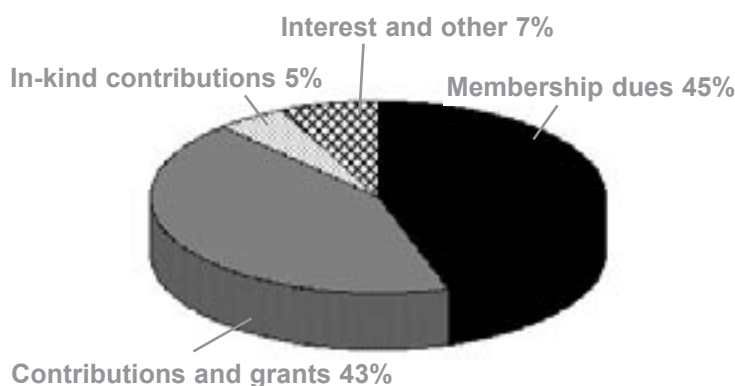
Member dues accounted for 45 per cent of our income in 2002.

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.

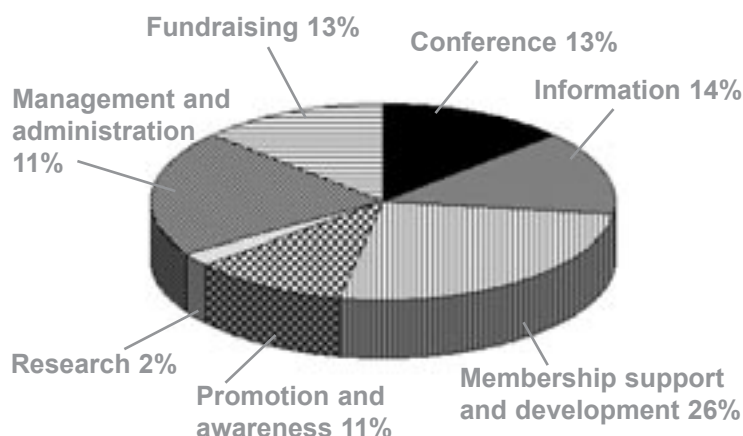
The balance of the contributions we receive comes from individuals and trusts.

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.

INCOME 2002



EXPENDITURE 2002



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



**Alzheimer's Disease
International**

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	Turkey
Brazil	Ecuador	India	Nigeria	Singapore	Uganda
Canada	Egypt	Ireland	Pakistan	Slovak Republic	Ukraine
Chile	El Salvador	Israel	Panama	South Africa	United Kingdom
PR China	Finland	Italy	Peru	Spain	United States
Colombia	France	Japan	Philippines	Sri Lanka	Uruguay
Costa Rica	Germany	Korea	Poland	Sweden	Venezuela
Cuba		Luxembourg	Puerto Rico		Zimbabwe

Staff

Elizabeth Rimmer, Executive Director
Michael Lefevre, Finance and Technology Officer
Susan Frade, Membership and Communications Officer
Helen Regan, Administrator



**Alzheimer's Disease
International**

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

