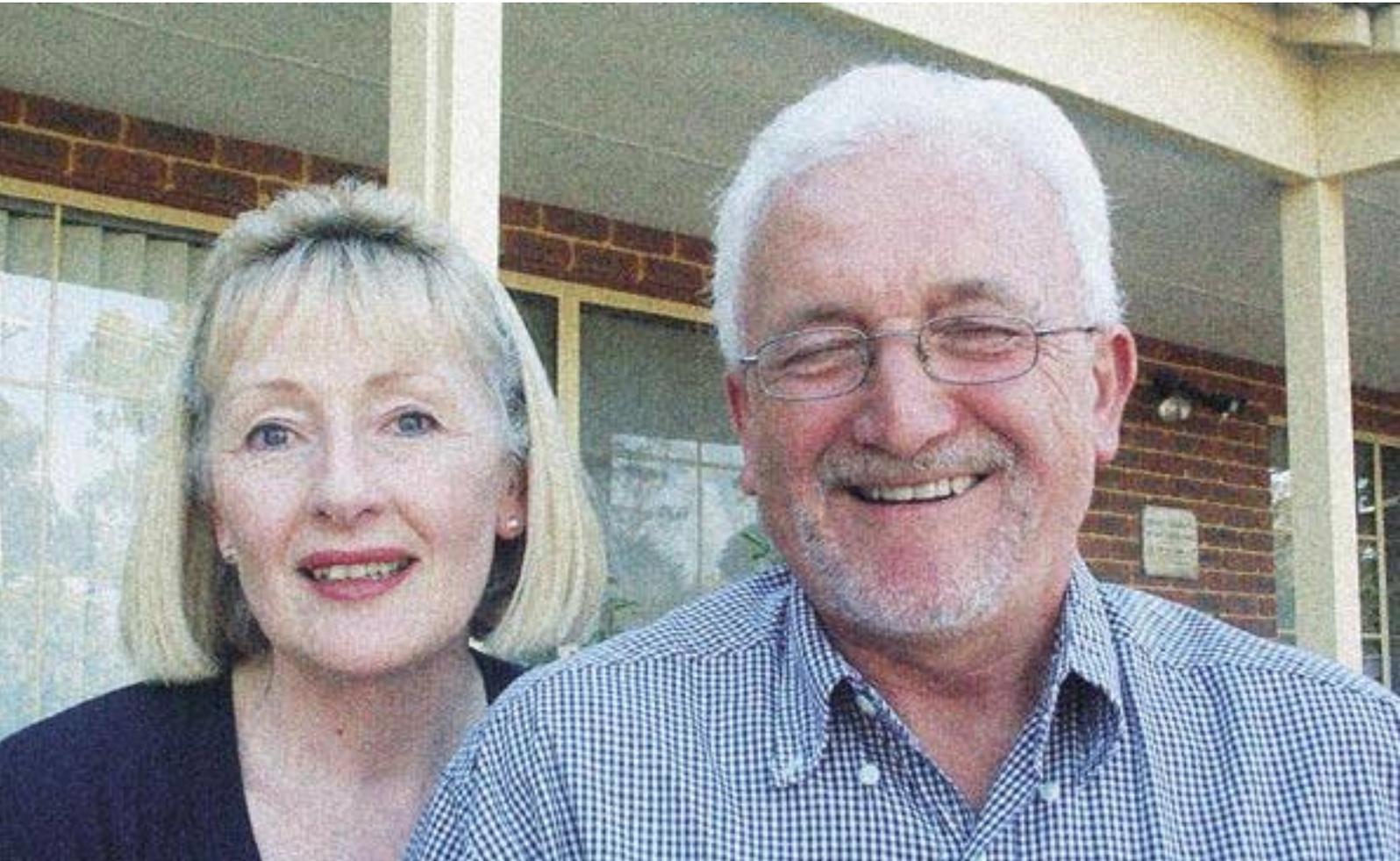


Alzheimer's Disease International

Annual Report

2004–2005



Alzheimer's Disease
International

Bringing the world of dementia together

Alzheimer Disease International unites the world's dementia community: staff and volunteers of Alzheimer associations, people with dementia and their families, clinicians, researchers, health care professionals, service providers, policy makers and the media. We unite everyone affected by or interested in dementia, bringing people together to find shared solutions to the common challenge, faced by all countries, of supporting people with dementia and their families.

The challenge

We want to improve the quality of life for people with dementia and their families throughout the world. The time to act is now. We need to ensure that the advances in the management and treatment of dementia are accessible to all people affected by dementia. We need to break down barriers so that people with dementia and their carers can step forward, without shame or stigma, to receive help and support. We need to get governments to recognise that they must make provision for dementia services and should work closely with Alzheimer associations in pursuit of this aim. We need to challenge the stigma of dementia and bring it out of the shadows. There is much to do but by coming together under the umbrella of ADI, together we can work towards making these goals a reality.

About ADI

ADI is the worldwide federation of 69 Alzheimer associations in all world regions. Each of our members is the national organisation in their country that supports people with dementia and their families. ADI's activity focuses on stimulating and encouraging international exchange of information about advances in research and dementia care. We aim to raise international awareness about the impact of dementia through encouraging the development of effective Alzheimer associations in every continent.

About dementia

Alzheimer's disease is the most common cause of dementia, a progressive degenerative brain disorder which affects memory, thinking, behaviour and emotion. As dementia progresses, individuals affected require help with all aspects of daily life. Most people with dementia are cared for by their families but providing this care can be an emotional and financial strain. With the support and information provided by Alzheimer associations, families are better able to care for their loved ones and look after their own needs.

Dementia knows no cultural or geographic boundaries and affects people in every corner of the world. ADI has estimated that there are 18 million people with dementia worldwide, but this figure is set to nearly double over the next 15 years. Already 66% of people with dementia live in developing countries; this will rise to 75% in 15 years time.



Message from our President

*Princess Yasmin
Aga Khan*

We in ADI – carers, people with dementia, clinicians and scientists alike – work hand in hand to bring a better quality of life and a better future for all those affected by dementia and their families. As President of Alzheimer's Disease International, I am proud of our growth and achievements over the last year. In particular, our outreach to those countries where there are no Alzheimer associations. Each year we see more countries joining ADI and more contacts being established with potential new members. This demonstrates the greater recognition and understanding of dementia throughout the world and gives us hope that eventually all those touched with dementia will have access to the support and care they need.



Message from our Chairman

Henry Brodaty

It has been an honour for me to serve as Chairman of ADI for the last three years and contribute to the development of the worldwide dementia movement and I am confident that the incoming Chairman, Orien Reid, will lead us well.

I have served in many capacities within ADI since I attended the first meeting that led to the formation of 'Alzheimer's Disease International – The International Federation Of Alzheimer's Disease And Related Disorders Societies' in 1984. It has been the most rewarding experience to be part

of the growth of ADI over 20 years, to see new organisations spring up and blossom, to witness the increase in worldwide awareness and to hear countless stories of the many individuals and their families who have been helped by their local association. We now have nearly 70 associations as members of ADI. Our growing family brings together all those with an interest in dementia. ADI creates a sense of solidarity which is inspirational and provides strength to those volunteers who are just embarking on the path of setting up an Alzheimer association. Through the forum of ADI, they know their colleagues worldwide are there to help and guide them. ADI is a positive reminder that common purpose transcends barriers.



People of all ages mark World Alzheimer's Day 2004 at a Memory Walk in Pakistan

Development and outreach

ADI wants to improve the quality of life for people with dementia and their carers no matter where they live. To do this we develop the capacity of existing Alzheimer associations and foster the formation of new ones. Effective Alzheimer associations can raise awareness that dementia is not a normal part of ageing, provide vital support and access to services.

Global solidarity and sharing best practice

Alzheimer associations join ADI to be part of a global family.

All associations are faced with similar issues but being part of the ADI network provides access to existing best practice so there is no need to waste precious resources reinventing the wheel. The newest members of the ADI family are Iran, Lebanon and Portugal. The Iran Alzheimer Association aims to conduct a prevalence study and build a dementia care home. By putting them in



'The interaction between Alzheimer societies which is created by ADI is invaluable. We feel that we are not alone on this path.'

Iran Alzheimer Association

touch with the 10/66 Dementia Research Group and members with care expertise, we hope to help them to achieve these aims successfully.

Developing organisational capacity

ADI equips member associations with the skills needed to help people with dementia and carers in their countries. Our conference workshops and the Alzheimer University training programmes help associations develop the capacity to manage activities such as fundraising, advocacy and public relations.

The majority of people in the world with dementia live in Latin America and Asia. These regions benefited from our expanded Alzheimer University training programme during the last year.

Fifteen Alzheimer associations from Latin America gathered in Miami in June 2004 for a three-day training programme focused on leadership, in Spanish. This was the first time

ADI has run this event outside London. It demonstrated that effective boards must communicate, agree their objectives and delegate tasks in order to be successful. At the end of the three-day programme, participants identified three tangible objectives they would work towards implementing over the coming year.

Attending the Alzheimer University has helped Asociación Lucha Contra el Mal de Alzheimer (ALMA), Argentina, to raise its profile on both a national and local level. One of their objectives after doing the training was to assign tasks to volunteers and board members to strengthen their organisation. Over the last year the organisation has developed through the increased role of volunteers and members.

'Through better communication we have been able to branch out into political, economic and academic fields. We look forward to further extending our reach.' ALMA

'We are very proud to be part of ADI. We believe that your effort is changing people's minds ... more awareness, more volunteers, more love to people with dementia, more knowledge, more support ... and a humanitarian sense for all.' Mariella Guerra, Asociación Peruana de Alzheimer

Asia Pacific members gained skills in advocacy and organisational growth, in Singapore, May 2005. Getting dementia onto government agendas is increasingly important for Alzheimer associations. Policymakers need to be lobbied so that they allocate funds to maximise quality of life for people with dementia and their families, now and for the future. The training examined strategies for achieving this. One key learning point was that politicians have limited time so you must boil your message down to its essence to achieve effective communication.

Regional networking

Networking on a regional basis enables ADI to meet people interested in establishing new associations whilst maintaining relationships with its existing members. Whilst attending the Alzheimer's Association research conference in USA, 2004, the Arab conference in Lebanon, March 2005, and Alzheimer Europe's conference in Ireland, June 2005, we made

contact with people from the Bahamas, Bulgaria, Honduras, Jordan and Saudi Arabia. We hope to inspire these new contacts to join the ADI family in the near future.

Fostering new contacts in the Middle East is our current focus. This is because our 2005 conference will be in Turkey. We aim to use Turkey's proximity to the region to encourage Middle Eastern representatives to attend the event. There are an estimated one million people with dementia in the region. Therefore it is vital that we

engage with existing members and new contacts in the region to improve awareness of dementia and provide strategies to tackle stigma.



Raul Gutiérrez Herrera from Mexico shares his leadership experience at the 2004 Alzheimer University in Miami

Finding regional solutions

The 1st Arab conference in the Lebanon, March 2005 encouraged regional collaboration and gave ADI the opportunity to develop new contacts with groups interested in setting up Alzheimer associations. Presentations

highlighted the challenges posed by dementia and the need to tackle stigma.

The conference in the Lebanon highlighted that the desire and expertise to improve the quality of life for people with dementia in the region truly exist.

A more positive image of dementia

ADI challenged negative public attitudes about dementia in 2004 through the involvement of people with dementia in World Alzheimer's Day events and the ADI conference. We called for greater recognition of dementia as a health care priority at the Facing Dementia: Advancing Care in Europe Forum.

'ADI is an organisation that I am incredibly proud to be a part of. To sit around a table at the yearly council meeting is to watch the dynamic of the global dementia movement.'
Christine Bryden, Australia, ADI board member who has dementia

No time to lose

Fifty-nine Alzheimer associations around the globe tackled stigma and raised awareness about dementia on World Alzheimer's Day, 21 September, 2004. In 24 countries people with dementia demonstrated that there is 'No time to lose' through lobbying politicians and speaking at public meetings. In Scotland, members of the Scottish Dementia Working Group met with their health minister to discuss the importance of

early diagnosis, respite care and access to medication. In Singapore, Dr Myrna Blake, a prominent figure in the social services field, was the first person to speak publicly about her diagnosis of dementia.

Awareness-raising events organised on 21 September helped to educate the public about dementia and to change negative perceptions. These events gained extensive media coverage helping to spread the message of awareness

beyond just those attending the events.

Alzheimer associations used the day to hold a range of events such as Memory Walks, press conferences and tea parties. India released a charter of rights for people with dementia and their carers and in Mexico, FEDMA (the national Alzheimer association) collaborated with the Secretary of Health to develop 160 training courses for doctors in the country's main cities.



The audience at the Kyoto conference were moved by Mr Ochi's brave and defiant approach to life with dementia

Tackling stigma in Japan

ADI's 20th annual international conference in Kyoto was a historic moment for the dementia movement. Japanese people with dementia spoke publicly for the first time about their diagnosis. In a culture where people are not accustomed to expressing their private lives in public this made headline news. 4000 people from 66 countries attended our largest conference to date, hosted by Alzheimer's Association Japan. The three-day conference focused on care, people with dementia and the family, and dementia and human rights.

'People tend to think the onset of dementia deprives you of everything, that you are lost. That's not true. I want to send the message that I am getting on with my life, just like normal.' Mr Ochi, Japan

'The conference had a very big impact on awareness. Japanese people recognise now that people with dementia are human beings with a heart. Many chapters of Alzheimer's Association Japan (AAJ) recognise that support for people in the early stages of dementia is an important part of their activities and are launching services at community level.' Yoshio Miyake, AAJ

Involving people with dementia

ADI has continued to take a leading role in encouraging Alzheimer associations to include people with dementia in their work. This will enable Alzheimer associations to raise awareness, challenge stigma and improve quality of life for people with dementia.

Many positive outcomes have been achieved by Alzheimer associations internationally. ADI's initiatives have encouraged members to include people with dementia through: support groups; taking part in events; public speaking; developing resources and being involved in decision making. Alzheimer Scotland and Nasjonalforeningen Demensforbundet in Norway have recently appointed people with dementia to their boards and the Romanian Alzheimer Society now run a dementia club for people with dementia and their families.

Over the last year we have surveyed our members about

the involvement of people with dementia in their associations and are setting up an email forum to enable members to share best practice in this area.

An agenda for change

ADI collaborated with Eisai and Pfizer in calling for greater recognition of dementia as a health care priority at the Facing Dementia: Advancing Care in Europe Forum in June, 2004. Results of the first pan-European survey of attitudes to dementia were presented. Difficulty in recognising early symptoms, denial and fear of Alzheimer's disease and the belief that nothing can be done about dementia were identified as contributing significantly to delays in seeing a doctor and receiving a diagnosis.

The Forum provided an opportunity for Alzheimer associations, interested professionals and the media to discuss the challenges of dementia. It led to the development of an agenda for change which called for the following:

- Recognition of the full social, health and economic impact of dementia to make dementia a healthcare priority for governments.
- Communication of a more positive image of dementia, including the value of intervention and the availability of support.
- Education about the early symptoms of dementia. Informing people that significant memory loss is not a normal part of ageing encourages them to see their doctors and ensure timely diagnosis and management.

It is hoped that the Forum will act as a catalyst for change and lead to improvements in dementia care and international support.

'The Forum elevated awareness of dementia care regionally and mobilised advocates to take action locally.' Elizabeth Rimmer, Executive Director, ADI

Quality of life

Everything we do for people with dementia and their families is about enhancing or maintaining quality of life. The concept is useful and important. ADI's vision is an improved quality of life for people with dementia and their families worldwide. We have been collaborating with the Stroud Center for the Study of Quality of Life, New York, and the Institute of Psychiatry, London, to collect the experiences of people with dementia and their carers. These narratives give insights into improving the quality of life for people with dementia and their carers.

A student dances with a client at the annual Alzheimer's Australia Western Australia tea dance



Quality of life is a much broader concept than health or disease. Although each person will have their own views on quality of life and what this means to them, there are some common key elements such as social relations, understanding the world around you, living independently and affording and having access to the things you need.

The person with dementia ultimately knows best what determines their individual quality of life and, although assessment may be challenging, this does not mean that their quality of life is irrelevant or cannot be measured. There have been a series of interactive workshops

with people with dementia and carers at ADI conferences exploring different aspects of quality of life, such as choice, self esteem, love and trust. This work has now been brought together in a website www.stroudsymposia.org, launched in 2005 to allow people from around the world to share their experiences online.

Narratives have been gathered from North and South America, Europe, the Caribbean and Asia to reflect a truly international collection of experiences and opinions. These insights provide practical actions that can promote quality of life for people with dementia and can be adopted by everyone involved in their care. The focus of the research is on finding ways to understand and improve quality of life. Despite the diversity in opinion about what constitutes quality of life, gathering opinions in this way results in a cross-national understanding of what determines good and bad quality of life in dementia and what can be done to improve it. It will act as a framework within which services and policy for people with dementia can be judged.

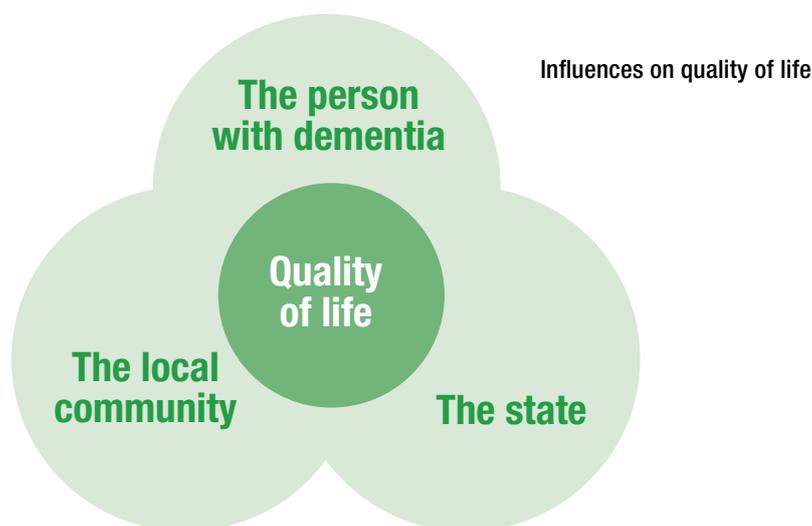
'Developing these support groups seems very important. Not speaking of people with dementia, but with them.'
Carer, France

'As an activities organiser for older people in care, I enjoy catering for them as individual unique people, looking so much at their past for guidance. I hope sincerely that should I need love and care, people will look at me as an individual and try to promote, assist and enhance my personal quality of life. I am me.' Professional, New Zealand

'What improves quality of life for people with dementia? Always having something to look forward to.' Person with dementia, USA

'Quality of life is being able to get the most out of each day. For me, as a person with dementia, this is enabled by the medication therapy I am on – as well as my support network of family, friends and people I associate with at Alzheimer's associations.' Person with dementia, Canada

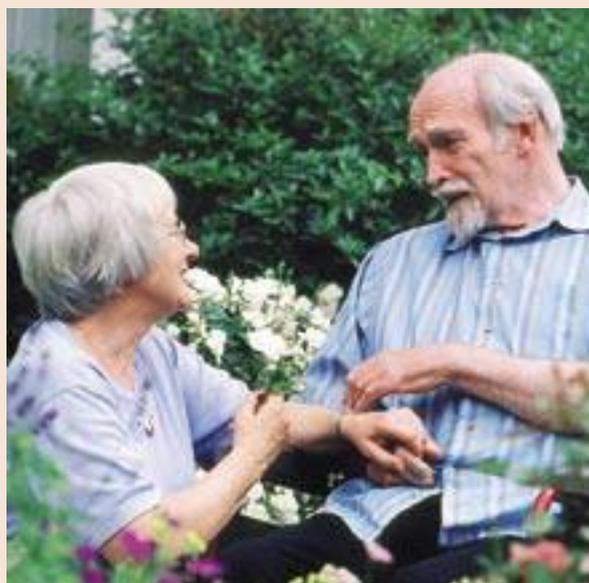
Governments, local communities, people with dementia and their carers all have a part to play in enhancing quality of life with dementia. For example, governments can be lobbied to provide a fair level of financial support for people with dementia and their families. Community health workers can learn new skills in dementia training programmes. A newly diagnosed person with dementia and their family may benefit from an information booklet. Alzheimer associations worldwide work at all these levels to enhance quality of life with dementia.



Fighting for equality

Barbara Pointon's husband, Malcolm, was diagnosed with Alzheimer's in 1991 when he was just 51. In 1995, the couple agreed to be the subjects of a television documentary looking at the effect Alzheimer's has on a relationship. After four years of filming, the programme, 'Malcolm and Barbara... a Love Story', was aired on UK television and watched by millions. Barbara's motivations for taking part were clear; the disease that was robbing her of her talented and loving husband was surrounded by stigma

and ignorance. By sharing her unsanitised experiences, she aimed to increase public understanding about dementia. The film was a great success and is now used by support groups and to train doctors and nurses. Barbara speaks at conferences across the UK to make the case for a better deal for people with dementia and their carers. She commented, 'My anger at what Alzheimer's is doing to Malcolm has been therapeutically channelled into energy to fight stigma and inequality, not just for him, but for those who come after us.'



Barbara Pointon (left) talks about life with her husband Malcolm at conferences and events across the UK

Advocacy

Dementia needs to be recognised and understood by everyone. We need to get people talking about dementia. Dementia needs to be on the agenda of all governments. World Alzheimer's Day raises awareness of dementia and helps people to gain the understanding they need. ADI's 10/66 Dementia Research Group provides the information that is needed to shape policy and encourage service development.

World Alzheimer's Day

World Alzheimer's Day is observed on 21 September each year. Each year ADI selects a theme and produces materials for Alzheimer associations to distribute. In 2004, a record 59 Alzheimer associations around the world took part in the 'No time to lose' campaign to raise awareness of

dementia and the work of their associations.

The 'No time to lose' campaign for World Alzheimer's Day came after findings from the

recent pan-European Facing Dementia Survey in which 87% of carers and 71% of physicians felt their governments do not invest enough in treating dementia. In response to this, ADI wrote to health ministers in 192 countries alerting them to the enormous economic consequences of an ageing population and calling on them to provide better support services for people with dementia.

Some ADI members used the opportunity to lobby governments directly, while others invited government ministers to participate in events such as press conferences, Memory Walks and tea parties.

ADI hosted an international reception at the House of Commons in London, UK. At the reception, ADI's 'No time to lose' charter of principles was signed by people with dementia, carers, ambassadors and high commissioners from ADI's member countries, policy makers, medical professionals and representatives from Alzheimer associations.

Memory Walks were a prominent feature of World Alzheimer's Day 2004 and were held in over 21 countries including Argentina, Australia, Austria, Belgium, Brazil, Cuba, UK, Guatemala, Hong Kong SAR, India, Israel, Luxembourg, Netherlands, Nigeria, Pakistan, Panama, Philippines, Puerto Rico, Sri Lanka, Trinidad and Tobago and Venezuela.

With so many events organised around the world, media coverage was extensive. Most Alzheimer associations received at least one article

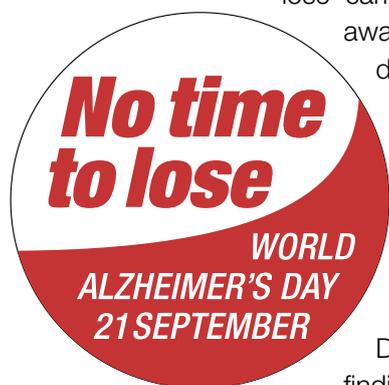


10/66 interview being conducted in Cuba

in their national press but many received extensive national and local press, radio and TV coverage. In Falkirk, Scotland, the local Alzheimer group received radio coverage throughout the day as their local station read out messages the group had collected from ADI members around the world.

10/66 Dementia Research Group

Reliable information is essential to campaigning activities, especially to achieve recognition from governments. Although the majority of people with dementia (an estimated 66%) live in developing countries, less than 10% of all population-based research into dementia is carried out in those countries. ADI's 10/66 Dementia Research



*'People with dementia and their families
– supported by active, campaigning Alzheimer's
associations – are a powerful lobby for change.'*

Martin Prince, 10/66 Group co-ordinator

Group was established in 1998 to redress this balance and provide the information which is needed to convince authorities to act and provide them with potential solutions.

The 10/66 Group has over 130 members from 36 countries, with five regional networks covering Latin America and the Caribbean, Africa, Southern and Eastern Europe, India and South Asia and China and South East Asia.

10/66 is now conducting studies of the prevalence, impact, health service utilisation and risk factors of dementia in eight developing countries. The group is also evaluating the effectiveness of using community primary care healthworkers to identify people with dementia and then to provide a basic educational and training intervention for the main caregiver. When studies are completed, the results can be disseminated to ADI member associations and other organisations to strengthen their awareness raising and campaigning work.

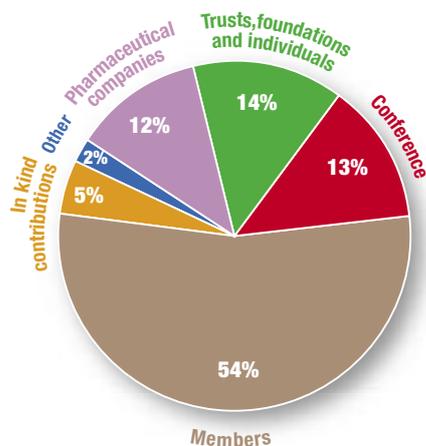
Dementia recognised as a national health care priority in Australia

Following five years of lobbying from Alzheimer's Australia, the Australian government made a historic decision in May 2005: to recognise dementia as a national health care priority. Their 2005-06 budget commits AU\$320 million over five years to better prevention, treatment and care. As Glenn Rees, Executive Director of Alzheimer's Australia, articulated in his response to the decision, 'the Budget will give people with dementia, and their family carers, confidence in the commitment of the Australian Government to address the dementia epidemic now and in the future.' This achievement is an important milestone. ADI aims to bring the knowledge and strategy used by the Australian association to our members across the globe. Together, we will make dementia a global health care priority.



Glenn Rees, National Executive Director of Alzheimer's Australia, with Australian Minister for Ageing, the Hon Julie Bishop MP

Finances



Income

Alzheimer's Disease International is a 501(c)(3) nonprofit organisation, incorporated in the state of Illinois, USA. Most of our income comes from our member Alzheimer associations, who pay membership dues according to their own income. We also receive contributions and grants from corporations, individuals, foundations and trusts.

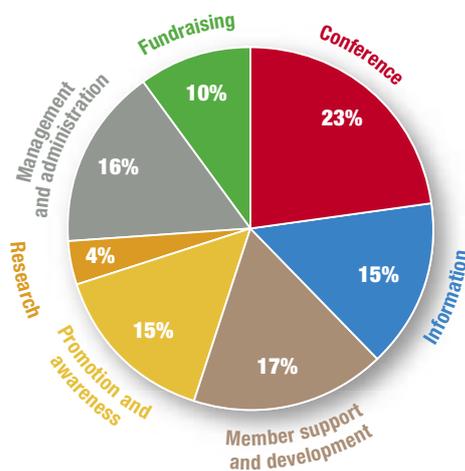
Dues and contributions from member associations accounted for 54% of our income in 2004. We also record an in kind contribution for the cost of our offices, which were generously provided by the Alzheimer's Society (England, Wales and Northern Ireland). After the end of 2004 we relocated and are now renting our own office space.

We receive a share of the revenue from the annual international

conference, which is hosted by a member association. The share from our successful conference in Japan accounted for 13% of our income. The host member association also contributed approximately \$30,000 to fund grants for people to attend the conference.

The support of corporations was 12% of our income, the majority of which was a contribution from Pfizer for participation in the Facing Dementia Forum.

Our investment in fundraising has resulted in 14% of our income being contributions from trusts, foundations and individuals. This includes funds received from the UK-registered charity, Friends of ADI, which enables ADI to receive support tax-effectively from donors in the UK. Friends of ADI does not run any programmes of its own – it exists to support the work of ADI.



Expenses

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 and other support and advice we provide to Alzheimer associations. 'Information' covers our newsletter, website, factsheets and booklets. Our key event for 'Promotion and awareness' is World Alzheimer's Day, but we also take part in other conferences and meetings to promote our work and our cause.

Our spending on 'Research' is through support of the 10/66 Dementia Research Group, and the 'Conference' covers our annual international conference. Our work on membership support and development and awareness raising 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. Our income for 2004 exceeded our expectations, leaving us with a surplus at the end of the year which means our reserves have increased to a higher level than our target.

2005

In 2005, we received a substantial anonymous gift, which means our income for the year will far exceed our expectations. The ADI board, in

consultation with member associations, is taking steps to invest these funds for the best return, and we are making plans for the next three years to improve and expand our activities.

Statement of activities and changes in net assets

for the year ended December 31, 2004 and 2003

	2004				2003			
	Unrestricted Funds	Temporarily Restricted Funds	Total	Percent of Support & Revenue	Unrestricted Funds	Temporarily Restricted Funds	Total	Percent of Support & Revenue
	\$	\$	\$	%	\$	\$	\$	%
Support and revenue								
Dues	255,623		255,623	40.95	239,354		239,354	37.54
Contributions and grants	119,961	45,908	165,869	26.57	328,763	10,011	338,774	53.13
Share of conference revenue	78,668		78,668	12.60	16,700		16,700	2.62
Additional member support	25,542	56,230	81,772	13.10				
In kind contributions – occupancy	28,310		28,310	4.54	23,000		23,000	3.61
Interest and other	246		246	0.04	664		664	0.10
Gain (loss) on currency exchange transactions	13,729		13,729	2.20	19,142		19,142	3.00
Net assets released from restriction: Satisfaction of program restrictions	69,353	(69,353)	0		111,459	(111,459)	0	
Total support and revenue	591,432	32,785	624,217	100.00	739,082	(101,448)	637,634	100.00
Expenses								
Program services								
Conference	135,354		135,354	21.68	187,291		187,291	29.37
Information	89,813		89,813	14.39	74,231		74,231	11.64
Member support and development	96,099		96,099	15.40	81,973		81,973	12.86
Promotion	86,400		86,400	13.84	74,376		74,376	11.66
Research	25,121		25,121	4.02	24,184		24,184	3.79
Total program services	432,787	0	432,787	69.33	442,055	0	442,055	69.33
Support services								
General administration	91,017		91,017	14.58	72,616		72,616	11.39
Fund raising	57,390		57,390	9.19	30,374		30,374	4.76
Total support services	148,407	0	148,407	23.77	102,990	0	102,990	16.15
Total expenses	581,194	0	581,194	93.11	545,045	0	545,045	85.48
Increase (decrease) in net assets	10,238	32,785	43,023	6.89	194,037	(101,448)	92,589	14.52
Net assets								
Beginning of year	512,144	0	512,144		318,107	101,448	419,555	
End of year	522,382	32,785	555,167		512,144	0	512,144	

Treasurer's report

2004 was a successful financial year for ADI. Income exceeded expectations which meant ending the year with another surplus.

We appreciate the ongoing support of our member associations, as well as the contributions from trusts, foundations, individuals and

corporations. We would like to thank Pfizer for their contributions and work on the Facing Dementia Forum, all of the trusts and foundations listed, and the individual donors and subscribers that support us.

The AGM in 2005 will be my last as treasurer, and I would like to express my sincere appreciation to my fellow board members,

the trustees of Friends of ADI, and the ADI staff for all their work during my term.

We are working to plan for the future and manage our reserves effectively in view of the excellent level of income that we have achieved, and I am sure that ADI will continue to achieve success.



Hennie de Clercq

Statements of financial position

December 31, 2004 and 2003

ASSETS	2004			2003		
	Unrestricted Funds \$	Temporarily Restricted Funds \$	Total \$	Unrestricted Funds \$	Temporarily Restricted Funds \$	Total \$
Cash and cash equivalents	\$144,573		144,573	\$336,050		336,050
Dues receivable	5,164		5,164	2,500		2,500
Due from conference	56,039		56,039	6,700		6,700
Grants receivable	67,947		67,947	20,000		20,000
Due from Friends of ADI	293,840		293,840	245,298		245,298
Prepaid expenses & other	3,820		3,820			0
Fixed assets, net of accumulated depreciation of \$43,868 in 2004 and \$39,981 in 2003	12,721		12,721	3,788		3,788
Interfund balance	(32,785)	32,785	0		0	0
Total assets	\$551,319	32,785	584,104	\$614,336	0	614,336
LIABILITIES AND NET ASSETS						
Liabilities						
Accounts payable	\$28,937		28,937	\$102,192		102,192
Total liabilities	28,937	0	28,937	102,192	0	102,192
Net assets						
Unrestricted	522,382		522,382	512,144		512,144
Temporarily restricted		32,785	32,785		0	0
Total net assets	522,382	32,785	555,167	512,144	0	512,144
Total liabilities and net assets	\$551,319	32,785	584,104	\$614,336	0	614,336

Reserves policy

At the end of each year, unrestricted net assets held by ADI should broadly represent between six and eight months of total annual expenditure, excluding any exceptional variations. This policy is considered appropriate in light of ADI's aims and its ongoing commitments to members, donors and staff.

Investment policy

ADI aims to effectively invest funds that are held in reserve or for planned future use. ADI seeks to maximise the long-term growth of funds while maintaining a level of income necessary for current programmes. Investments will be a mix of low and medium risk, so as to maximise return without unduly risking invested capital. Direct investments in companies that have a significant interest in the tobacco, alcohol and pharmaceutical industries will be avoided.

Foundations and trusts that have supported ADI/Friends in 2004

ADI and Friends of ADI would like to thank the following trusts and foundations for their support in 2004:

Great Britain Sasakawa Foundation
A & S Burton 1960 Charitable Trust
Douglas Charitable Trust
Myron M. Kaplan Directed Fund of the Jewish
Community Foundation
Rhonie & George F Berlinger Foundation
Miss Elizabeth Mary Johnson Trust
Thomas Sivewright Catto Charitable Settlement
P H Holt Charitable Trust
Allen Lane Foundation
Ardwick Trust
Tom Hall Charitable Trust

Alzheimer's Disease International

Executive Committee

(as at 14 October 2004)

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

Elected Board

(as at 14 October 2004)

Daisy Acosta, Dominican Republic
Lilian Aliche, Brazil
Christine Bryden, Australia
Steve DeKosky*, USA
Wendy Fleming, New Zealand
Ruth Goldberg, Israel
Hussain Jafri, Pakistan
Pekka Laine, Finland
Christine McGregor, Scotland
Li-Ling Ng, Singapore
Jacob Roy, India
Aquiles Salas, Venezuela
Mirka Wojciechowska**, Poland

*Also chairman of the medical and scientific panel

**Resigned January 2005

Staff

Elizabeth Rimmer, Executive director
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