Alzheimer’s Disease International

Annual Report

2005–2006
Alzheimer’s Disease International

Alzheimer's Disease International (ADI) is the international federation of 75 Alzheimer associations throughout the world. Each of our members is a national Alzheimer association supporting people with dementia and their families. ADI is in official realtions with the World Health Organization. ADI’s vision is of an improved quality of life for people with dementia and their families throughout the world. We aim to build and strengthen Alzheimer associations and raise awareness about dementia worldwide.

We do this by:

• Encouraging the development of Alzheimer associations
• Promoting public awareness about dementia
• Disseminating accurate information
• Collaborating with other international organisations
• Encouraging research into the global impact of dementia

Message from our Chairman
Orien Reid

This year we celebrate the Centenary of Alzheimer’s disease and I come to the end of my first year as ADI chairman. I have been reflecting on our progress towards achieving our strategic goals. Our key priority is to raise the profile of dementia and ADI so that ADI becomes recognised as the voice of people with dementia and their families worldwide. We have led the way internationally in championing the importance of involving people with dementia in the work of Alzheimer associations. We have also made great strides in building advocacy skills within our membership at our advocacy Alzheimer University in Copenhagen. We need to expand this work and ensure that all members have access to quality advocacy materials and tools to enable them to get dementia on their national government agenda. We were fortunate to receive a significant donation in 2005 that has put ADI on a solid foundation for expansion and growth. We must continue to invest resources in building our income to secure a bright future for ADI. I know with your continued support we will achieve this.

Message from our President
Princess Yasmin Aga Khan

Dementia indiscriminately takes loved ones away and places a great burden of care on family members and carers. I know this through personal experience with my mother, the beautiful actress Rita Hayworth, who had dementia. As we commemorate the 100th year since Alzheimer’s disease was first described, we have the opportunity to look back on the advances made over the last 100 years and also to look forward to addressing the needs of the 24 million people living with dementia worldwide. Our growing federation of 75 member associations has a crucial role to play in raising the profile of dementia and calling governments to action. We must all work together to put dementia high on the international health agenda!
The global impact of dementia

In 1906 Dr Alois Alzheimer described the case of his patient Auguste D. One hundred years later the doctor's name has been immortalised and dementia is recognised as a disease with age as the main risk factor. An important milestone was the approval of the first Alzheimer's drug in the 1980s proving Alzheimer's disease to be a potentially treatable condition.

Dementia on the increase

Chronic diseases such as dementia have become the leading cause of death in most world regions. Due to demographic ageing, these diseases are on the increase. A study commissioned by ADI in 2005 concluded that there are an estimated 24 million people with dementia in the world today and that this number will escalate to over 81 million by 2040. Dementia is an expensive disease. The direct costs of caring for people with Alzheimer's disease alone exceed the cost of heart disease, cancer and stroke combined. A Swedish study concluded that the worldwide direct costs for dementia in 2003 were US $156 billion.

Increased investment in research, treatments and service provision is therefore crucial. We need to target our governments, national and international institutions, and the general public to spread this message. We have no time to lose!

About dementia

Dementia is a term used to describe different brain disorders that affect memory, thinking, behaviour and emotion. Dementia knows no social, economic, or ethnic boundaries. Alzheimer’s disease is the most common cause of dementia although other causes include vascular disease, dementia with Lewy bodies and fronto-temporal dementia.

Dementia is surrounded by myth and stigma and in many parts of the world is still thought to be a normal part of ageing. Many people believe that if you have dementia, nothing can be done about it. While there is currently no cure for most causes of dementia, crucial advice and information are available from Alzheimer associations.

Estimated numbers of people with dementia worldwide, by year

Front line service provision

What is ADI doing to address the global challenge of dementia?

ADI’s objective is to equip its member associations with the information and skills to deal with the impact dementia has on our communities. For over 20 years we have been strengthening the organisational capacity of Alzheimer associations around the world through the provision of front line services: World Alzheimer’s Day, global advocacy campaigns and providing information and resources.

Advocacy and influencing policy makers

ADI aims to equip its members with the tools to lobby their governments and influence policy makers. Only with up to date information and relevant statistics can Alzheimer associations hope to attract the attention of their governments and conduct successful advocacy campaigns.

In December 2005, The Lancet medical journal published a prevalence consensus study commissioned by ADI that attracted global media attention. The results of the study showed that that there is a new case of dementia every seven seconds and the number of people with dementia in the world has reached 24 million. This number is set to increase rapidly; by 2040 we will be faced with a reality of over 81 million people with the disease worldwide. It is figures and statistics like these that attract the attention of policy makers and media and ADI immediately released these figures to its member associations.

World Alzheimer’s Day

World Alzheimer’s Day is a day of solidarity. On 21 September each year people with dementia, carers and Alzheimer associations organise events and activities to attract the attention of the public, the international media and the world’s policy makers. Together we aim to unite our efforts to secure a better life for people with dementia and their carers.

Since its launch in 1994, publicity for World Alzheimer’s Day continues to grow each year as more and more Alzheimer associations take part. A record 64 countries participated the our 2005 campaign ‘We can make a difference!’ Worldwide activities included an art contest in Brazil, tea dances in Switzerland, a public book reading in Hungary and Memory Walks in 17 different countries. Many associations grabbed the attention of their media and the day even captured the imagination of royalty – in Madrid, Spain, the Queen presided over a press conference and concert. ADI supported these worldwide activities by sending letters to the health ministers of 191 countries, producing campaign materials and media tools to raise national awareness.

‘We conducted our first Memory Walk to celebrate World Alzheimer’s Day 2005. It was fantastic to echo the year’s theme ‘We can make a difference’ and to see caregivers challenge stigma by parading in the streets. ADI’s support materials really helped us to deliver a clear and effective message. The campaign attracted considerable media attention. We can affirm that organising an event on World Alzheimer’s Day has helped us increase awareness of dementia in our country and increase association membership.

Stephen Abela, Malta Dementia Society
The Group was recently awarded US$2.7 million from the Wellcome Trust to further the population based studies currently under way in Latin America and China. The grant will be used to assess how many people interviewed in the first stage of the studies will go on to develop dementia. When completed, this will provide the world’s largest data set on dementia incidence. As studies approach completion and results are released, information is disseminated to ADI member associations to strengthen publicity and advocacy campaigns.

**Commissioning research and providing members with up-to-date information**

10/66 Dementia Research Group

ADI's 10/66 Dementia Research Group provides reliable facts and figures to ADI and its members. Established in 1998, the Group works to address the imbalance in research that exists between the developed and developing world. An estimated 66% of people with dementia live in developing countries, but only 10% of all population-based research into dementia is conducted in those countries.

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 finalising studies of the prevalence, impact, health service utilisation and risk factors of dementia in eight developing countries. The Group is investigating the benefits of using primary care healthworkers to identify people with dementia and they have produced training materials for healthworkers, equipping them with the skills to train caregivers in the community.
Making connections
ADI outreach into the international dementia community

ADI provides international forums for members of the dementia community to meet, exchange ideas and strengthen Alzheimer associations. Our International Conference is held in a different world region each year. It aims to foster a better understanding of dementia and stimulate improved services for people with dementia and their carers worldwide. ADI also coordinates regional meetings that provide a more specific context for neighbouring countries to meet and exchange best practice.

International Conference
Over a thousand delegates from 64 countries were present at the 2005 international conference in Istanbul, hosted by the Turkish Alzheimer Society. ‘Bridge at the Crossroads’ brought medical and care professionals, people with dementia, carers and Alzheimer association representatives together to explore how far we have come in our fight against dementia and to unite efforts in planning for the future.

The conference was a unique opportunity to reach out to the Middle East region. With funding from the Helen Bader Foundation, eleven representatives from the region attended the meeting and took part in a regional networking meeting organised by ADI. ‘It was a wonderful opportunity to meet distinguished figures from the region who share my aims. I came back so energised, to do so many things, it was overwhelming!’ Mrs Basrawi, Saudi Arabia.

Regional networking
Regional meetings provide an opportunity to establish and strengthen networks and channels of communication between neighbouring associations that face similar issues. These events give members the chance to make lasting friendships and gain an insight into how dementia services are run and organised in another country.
In 2006, ADI held regional meetings in Seoul, South Korea and in Monterrey, Mexico. The Asia Pacific meeting was organised by Alzheimer's Association of Korea (AAK) in conjunction with a national conference. It attracted over 800 people, including representatives from ten ADI member countries. Associations represented at the meeting presented their year’s progress and updated the group on dementia care in their countries.

The meeting of Latin American members in Mexico was well attended by representatives from nine associations. Each association presented work updates, including examples of fundraising and public policy work. Following the meeting, Alzheimer Ibero America, the regional network in Latin America, held their first conference, which was inaugurated by the Federal Secretary of Health.

Engaging with researchers

Research findings from the 10/66 Dementia Research Group are essential to engage policy makers and media in making dementia a health priority. These issues were discussed at a retreat for 10/66 members from 12 countries, ADI staff and a representative from the BBC in March 2006.

This week of intensive meetings and creative brainstorming in the Bellagio Study and Conference Centre, Lake Como, Italy, was funded by the Rockefeller Foundation. Recent research findings were reviewed along with a strategy for disseminating these findings internationally with the aid of ADI and its members. The Group returned to their respective countries with a clear idea of how to inform stakeholders of their work. The Group hopes to meet again next year to further review their progress.

‘Our regional meeting in Monterrey showed us that we can work together! We exchanged ideas and took steps to help each other. The determination to keep on working against adversity is really an inspiration. Meetings like these show us the importance of being part of the global dementia community under ADI’s strong leadership.’

Daisy Acosta, ADI Vice Chairman, Dominican Republic
Making connections

ADI enabling its members

ADI equips members with the organisational capacity to meet the needs of people with dementia and carers at ground level. We do this through the Alzheimer University Training Programme, Alzheimer’s Association Twinning Programme and through disseminating information and best practice.

The Alzheimer University

The last 12 months have seen the expansion of ADI’s Alzheimer University training programme. Events in Copenhagen, Denmark and in London, UK have helped 25 member associations increase their organisational capacity.

Sharing policy strategies

In January 2006 ADI answered members’ calls for training on lobbying governments with a specialist Alzheimer University. Eighteen associations took part in a three-day interactive programme, in Copenhagen. Supported by the Lundbeck Institute, the training was designed to equip them with the skills to address dementia policy and advocacy issues. The programme also featured media training, information on the latest prevalence statistics from Prof Martin Prince and ADI member case studies. Members left Denmark with clear goals and objectives that ADI is helping them to fulfil.

Building a solid organisational base

Representatives from seven member associations participated in ADI’s 9th Alzheimer University, in London, May 2006. The training programme covered governance, support groups, fundraising, raising awareness, the recruitment of volunteers and the provision of information. A professional governance trainer and representatives from ADI members in the UK led participants through various practical changes they could implement. When the course finished participants had built up a series of objectives e.g. developing a fundraising strategy and setting up a helpline.

‘We were impressed by the strong commitment shown by your members all over the world to increase awareness and recognition of dementia, as well as by the dedication to improving the care and quality of life of people with dementia and their relatives. Your objectives are in line with the mission of the Lundbeck Institute and we are pleased to be working with you to achieve this.’

André Joubert, Director, Psychiatry and Neurology, The Lundbeck Institute, Denmark.

‘It was heartening that the tips and advice that we gave were taken on board, with a real commitment to implement change.’

Andrew Oldham, Alzheimer’s Society, Regional Volunteer Development Manager for North England (a trainer in London).
Creating partnerships

The Alzheimer Association Twinning Programme was launched in September 2005. Supported by the A & S Burton Trust, this exciting new project will allow ADI members to share expertise about running a successful Alzheimer association. Each partnership is made up of one developed and one developing association.

Six Alzheimer associations embarked on ADI’s new Twinning Programme at the beginning of 2006. The first sets of twins to pilot this programme are Ireland and Greece, Western Australia and Pakistan, and Canada and Trinidad and Tobago. ADI is providing both financial and administrative support to the chosen twins. Representatives of the developed association made an assessment visit to their twin to establish objectives and create an action plan. It also gave them a chance to get to know each other and begin building a partnership. Over the next few years these twins will exchange skills and knowledge and establish long-term reciprocal relationships.

This is the beginning of an exciting journey. ADI anticipates great potential for learning and growth. Solidarity and mutual support amongst members will create stronger Alzheimer associations, better equipped to serve the needs of people with dementia and their carers.

Information provision

Through the provision of resources and best practice, ADI aims to equip members with the information necessary to become stronger organisations, to better help people with dementia and carers in the community. ADI does this through a website, intranet site and printed publications: newsletter, leaflets and booklets.

Global Perspective, ADI’s newsletter is a great forum for communicating with organisations around the world. It reports on member activities, research updates and global initiatives such as reaching out to migrant communities. In addition, the website and intranet provide access to ADI documents, training materials and presentations from past conferences.

ADI produces a practical toolkit to enable members to mark special occasions, including World Alzheimer’s Day. To mark the centenary year ADI has produced a toolkit with information and resources designed to help members plan their centenary campaign.

‘Since the visit from the Alzheimer’s Society of Canada we have noticed an increased awareness of our association, increased attendance at meetings and a growth in requests for assistance and information on dementia.’
Norma Inniss, Alzheimer’s Association of Trinidad and Tobago

‘We were given in-depth advocacy training and were taught the value of patience and consistency when approaching the authorities. Most exciting of all, we heard about the experiences of other associations and got an insight into the every day life of our fellow associations. Through the Alzheimer University, ADI provides its members with indispensable tools to make their associations stronger.’
Lilian Alicke, Brazilian Alzheimer association

Pamelia Brereton, Barbados Alzheimer’s Association, at the Alzheimer University in London, UK
Looking to the future

ADI’s vision for the next 100 years

As we reflect on the growth of the dementia movement over the last one hundred years, we must also keep our sights on the future. The number of people with dementia is set to rise rapidly and with growing awareness comes more people seeking advice from their Alzheimer associations. ADI must make sure that Alzheimer associations are prepared to meet this challenge.

People with dementia are speaking out about their experiences and we need to ensure these voices are listened to. ADI is committed to supporting Alzheimer associations in involving people with dementia in their work – in making decisions about support services, for example. We also continue our commitment to supporting the diverse needs of carers. Most people with dementia are cared for at home and families the world over are struggling daily to care for loved ones. Many are ignorant of the information and advice that could help them cope better. We need to reach out to all those affected by dementia.

An important challenge we face over the coming one hundred years is to ensure that this increased knowledge and any future cure make a difference to the lives of all people with dementia and their families. Already most people affected by dementia live in developing countries with few health and social resources. The gap between rich and poor is growing daily. ADI has a critical role in filling this gap to bring services and treatment to those who need it most.

Inclusion of people with dementia

One way to create sustainable Alzheimer associations ready to face the future is to involve people with dementia in their work, as this adds legitimacy to awareness campaigns, challenges stigma and creates appropriate services. ADI has included a person with dementia on its board since 2003 and encourages member associations to do the same.

By disseminating best practice and featuring conference presentations by people with dementia, ADI has motivated members to act: people with dementia were included in Zimbabwe’s World Alzheimer’s Day tea party; there is a board member with dementia in New Zealand; and the Netherlands are using support groups for people with dementia as a means of consultation.

Marilyn Truscott from Canada was co-opted to the ADI board in September 2005. Her support is essential in delivering ADI’s strategic objectives for 2006-2008.
as we encourage increased participation of people with dementia in national Alzheimer associations. ADI also aims to establish a mechanism for consulting people with dementia and carers and bringing their perspectives to bear on ADI activities.

2006 overview

2006 marks the centenary of the description of Alzheimer’s disease. In the last 100 years there have been many developments in the care and treatment available to people with dementia, but we still have a long way to go in combating stigma, educating the public and getting dementia rightly recognised as a global health priority.

ADI is co-ordinating a series of events to mark the occasion and to raise money and awareness for people with dementia and their carers. Sir Cliff Richard, the British pop star, has kindly agreed to be our Centenary Patron. He is happy to lend his support to our campaign as his mother has dementia.

To mark the centenary, ADI has organised an international centenary postcard campaign, the aim of which is to lobby our national governments to get dementia recognised as a national health priority. ADI is also proud to be running two competitions: the International Photography Competition, Living with Dementia and the Journalist of the Year Award 2005/6. Through these two competitions we aim to encourage the media to portray a more positive and accurate image of dementia.

A major focus of the year will be the event ‘Ascent for Alzheimer’s: World Team’, a hike up Mount Kilimanjaro in Tanzania. The team intend to reach the summit on World Alzheimer’s Day on 21 September. ADI has recruited a team of ten climbers from around the world and set each team member the challenge of raising US$10,000 for their Alzheimer association.

‘Having the privilege of being on the ADI board, I feel that I am contributing to the well-being and the future of people with dementia in my country, and around the world. I am an advocate for what people with dementia need from ADI and I help to focus ADI’s work. As a board member I am given the opportunity to be visible and vocal to the authorities who determine public policy. There is considerable power in having a person with dementia on the governing board, as this enhances the credibility of the organisation.’

Marilyn Truscott, who has dementia, is a board member of Alzheimer Society of Canada and of ADI

ADI’s 2006 international centenary postcard campaign calls on member associations to contact their health ministers, demanding that dementia be made a national health priority.
Treasurer’s report

Martin Else

I was delighted to take up the position of Treasurer, following election in October 2005, of this important and highly regarded organisation.

We greatly 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 and Eisai for their contributions, all of the trusts and foundations listed, the anonymous individual whose support has made such a difference to us and all the other donors and subscribers.

The large anonymous contribution meant that we ended 2005 with a surplus. We have prudently invested the surplus funds to achieve a return, and the board also decided to expand our staff and our activities in 2006 in line with the agreed strategic plan. Whilst this receipt is undoubtedly extremely welcome we must remind ourselves that this is a one-off contribution, and that other sources of income were in fact reduced in 2005 compared to previous years. If we are to maintain our increased level of activity then we need to continue to develop other sources of income, and the staff and board are working hard to achieve this with the support of our members.

The work of ADI is of growing importance and we must ensure that its crucial goals are achieved based on a sustainable long-term financial base.

Income

ADI is a 501(c)(3) non-profit organisation, incorporated in the state of Illinois, USA.

ADI member Alzheimer associations pay dues according to their own income, which in 2005 were 24% of total income. ADI also receives contributions and grants from corporations, individuals, foundations and trusts.

Early in 2005, ADI received an exceptional single donation of US$844,000 from an anonymous donor. This substantial contribution meant that income in 2005 was substantially higher than in any previous year.

ADI received a grant from the Helen Bader Foundation for support of new and developing Alzheimer associations in the Middle East region to attend the Istanbul conference, and a grant from the A & S Burton Trust in support of our Alzheimer Association Twinning Programme. Despite continued investment in fundraising, income from trusts and foundations was reduced.

ADI also received support from Friends of ADI, the UK-registered charity 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

ADI’s expenses are classified into seven functions: the five main areas of programme work, management and administration, and fundraising.

‘Membership support and development’ includes the Alzheimer University training programme and other support and advice provided to Alzheimer associations. ‘Information’ covers the Global Perspective newsletter, website, factsheets and booklets. The key event for ‘Promotion and awareness’ is World Alzheimer’s Day, but ADI staff and board also take part in other conferences and meetings to promote our work and our cause. The spending on ‘Research’ is through support of the 10/66 Dementia Research Group, and there is a heading for the ADI International ‘Conference’. The work on membership support and development and awareness raising is undertaken internally with the ADI staff organising and running core activities.

In 2005 ADI moved to new premises, and the expenditure for the year reflects the cost of the move as well as the first annual rental of the new premises. The board decided to increase spending in light of the healthy income position. In 2005, ADI took on an additional member of staff in order to expand activities, and it was decided that two Alzheimer University programmes would be undertaken in 2006.

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.

Thank you

Foundations and trusts that supported ADI and Friends of ADI in 2005:
• A & S Burton 1960 Charitable Trust
• Helen Bader Foundation
• Roger & Sarah Bancroft Charitable Trust
• Betterware Foundation
• R & I Hyman Charitable Trust
• Ardwick Trust
### Statements of financial position

**31 December, 2005 and 2004**

<table>
<thead>
<tr>
<th></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>
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<td><strong>Assets</strong></td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td>$</td>
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<tr>
<td>Cash and cash equivalents</td>
<td>91,169</td>
<td>91,169</td>
<td>144,573</td>
<td>512,144</td>
<td>512,144</td>
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<td>Dues receivable</td>
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<td>5,164</td>
<td>629</td>
<td>629</td>
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<td>Due from conference</td>
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<td>56,039</td>
<td>25,800</td>
<td>25,800</td>
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<td>Grants receivable</td>
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<td>226</td>
<td>67,947</td>
<td>25,320</td>
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<td>Due from Friends of ADI</td>
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<td>293,840</td>
<td>13,729</td>
<td>13,729</td>
<td>13,729</td>
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<td>Investments</td>
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<td>872,418</td>
<td>555,167</td>
<td>555,167</td>
<td>555,167</td>
<td>555,167</td>
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<tr>
<td>Prepaid expenses &amp; other</td>
<td>52,102</td>
<td>52,102</td>
<td>3,820</td>
<td>3,820</td>
<td>3,820</td>
<td>3,820</td>
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<tr>
<td>Fixed assets, net of accumulated depreciation</td>
<td>-</td>
<td>-</td>
<td>351,319</td>
<td>351,319</td>
<td>351,319</td>
<td>351,319</td>
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<tr>
<td>Interfund balance (7,195)</td>
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<td>7,195</td>
<td>37,636</td>
<td>37,636</td>
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<td>37,636</td>
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<tr>
<td><strong>Total assets</strong></td>
<td>$1,162,861</td>
<td>7,195</td>
<td>1,170,146</td>
<td>$1,584,104</td>
<td>555,167</td>
<td>$2,140,271</td>
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</tbody>
</table>

| **Liabilities and Net Assets** | $                | $                          | $     | $                | $                          | $     |
| Accounts payable | 87,578             | 87,578                     | 28,937  | 28,937             | 28,937                      | 28,937 |
| Total liabilities | 87,578             | 87,578                     | 28,937  | 28,937             | 28,937                      | 28,937 |
| Net assets      | $                  | $                          | $     | $                  | $                          | $     |
| Unrestricted     | 1,075,373          | 1,075,373                  | 522,382 | 522,382           | 522,382                     | 522,382 |
| Temporarily restricted | 7,195            | 7,195                      | 32,785  | 32,785             | 32,785                      | 32,785 |
| **Total net assets** | $1,082,568         | $1,082,568                 | $555,167 | $555,167         | $555,167                    | $555,167 |
| **Total liabilities and net assets** | $1,162,861 | 7,195                      | $1,170,146 | $1,584,104 | 555,167                     | $2,140,271 |

### Statements of activities and changes in net assets

**For the years ended 31 December, 2005 and 2004**

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2004</th>
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</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
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<tr>
<td>Dues</td>
<td>301,314</td>
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<tr>
<td>Contributions and grants</td>
<td>301,314</td>
<td>73%</td>
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<td>Share of conference revenue</td>
<td>35,560</td>
<td>3%</td>
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<tr>
<td><strong>Total revenue</strong></td>
<td>$1,267,942</td>
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<table>
<thead>
<tr>
<th><strong>Expenses</strong></th>
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<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program services</td>
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<tr>
<td>Conference</td>
<td>129,823</td>
<td>10%</td>
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<tr>
<td>Information</td>
<td>96,817</td>
<td>8%</td>
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<tr>
<td>Member support and development</td>
<td>131,250</td>
<td>11%</td>
</tr>
<tr>
<td>Promotion</td>
<td>95,731</td>
<td>8%</td>
</tr>
<tr>
<td>Research</td>
<td>36,081</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Total program services</strong></td>
<td>$489,701</td>
<td>39%</td>
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<tr>
<td>Support services</td>
<td></td>
<td></td>
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<tr>
<td>General administration</td>
<td>136,779</td>
<td>11%</td>
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<tr>
<td>Fund raising</td>
<td>88,471</td>
<td>7%</td>
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<tr>
<td><strong>Total support services</strong></td>
<td>$225,250</td>
<td>18%</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td>$714,951</td>
<td>58%</td>
</tr>
<tr>
<td><strong>Increase (decrease) in net assets</strong></td>
<td>$552,991</td>
<td>43%</td>
</tr>
</tbody>
</table>

| **Net assets**   |      |      |
| Beginning of year | $522,382 | $512,144 |
| End of year       | $1,075,373 | $555,167 |
Alzheimer’s Disease International

Elected board
(as at October 2005)

Princess Yasmin Aga Khan, USA, President
Mrs Orien Reid, USA, Chairman
Dr Daisy Acosta, Dominican Republic, Vice Chairman
Mr Martin Else, UK, Treasurer
Prof Bengt Winblad, Sweden, Chairman of MSAP
Mrs Lilian Alicke, Brazil
Dr Ang Peng Chye, Singapore
Mrs Wendy Fleming, New Zealand
Mrs Ruth Goldberg, Israel
Mrs Norma Inniss, Trinidad and Tobago
Mr Hussain Jafri, Pakistan
Dr Claudia Lai, Hong Kong SAR
Mr Pekka Laine, Finland
Mrs Christine McGregor, UK
Dr Juan de J Llibre Rodriguez, Cuba
Dr Jacob Roy, India
Mr J A ‘Tony’ Salgado, Puerto Rico
Mr Niall Tierney, Ireland
Mrs Marilyn Truscott, Canada, co-opted

Honorary vice presidents
(as at October 2005)

Prof Henry Brodaty, Australia
Dr Nori Graham, UK
Mr Brian Moss, Australia
Mr Jerome Stone, USA

ADI staff
(as at June 2006)

Elizabeth Rimmer, Executive Director
Michael Lefevre, Finance and Technology Manager
Helen Regan, Membership and Events Manager
Jodie Cross, Membership Development Officer
Melanie Legg, Membership Development Officer
Jane Cziborra, Administrator

ADI members
(as at October 2005)

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Austria
Barbados
Belgium
Bermuda
Brazil
Bulgaria
Canada
Chile
PR China
Colombia
Costa Rica
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Cyprus
Czech Republic
Denmark
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Guatemala
Hong Kong SAR
Iceland
India
Indonesia
Iran
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Netherlands
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Norway
Pakistan
Panama
Peru
Philippines
Poland
Portugal
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Romania
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Serbia and Montenegro
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South Africa
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Spain
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Sweden
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TADA Chinese Taipei
Thailand
Trinidad and Tobago
Turkey
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Cover: An innovative project in Western Australia combines a children's playgroup with day-centre respite care. This photograph, by Joel Chan, Alzheimer's Australia WA, was a runner-up in our International Photography Competition.