



**Alzheimer's Disease
International**

friends of aadi
cochin conference
research
alzheimer university
annual report
world alzheimers day
regional networks
communications

1998/9

What is dementia?

Dementia is a degenerative brain syndrome which affects memory, thinking, behaviour and emotion. There is no cure for dementia. Alzheimer's disease is the most common form of dementia. Dementia knows no social, economic, ethnic or geographical boundaries. Eventually those affected are unable to care for themselves and need help with all aspects of daily life. Throughout the world most of this care is provided by the family.

There are nearly 18 million people with dementia in the world. This figure will nearly double over the next 25 years. About 3% of people over the age of 60 will develop dementia so the bigger the proportion of older people in a population, the larger the impact of dementia on society. Although the proportion of older persons is biggest in developed countries most of the growth of the world's older population will be in developing countries. Already most people with dementia live in developing countries and this will increase to over 70% by 2025.

Alzheimer's Disease International (ADI)

ADI was established in 1984. It is an umbrella organisation of 43 national Alzheimer associations throughout the world whose main purpose is to improve the quality of life of people with dementia and their carers. ADI:

- supports members in their activities and encourages the formation of new associations
- disseminates information
- supports an annual international conference focused on carers and carer organisations
- collaborates with other organisations with similar interests
- encourages research
- stimulates public and political awareness at national and international level

Our members:

- provide support to people with dementia, their carers and their families
- give information and advice
- provide counselling and training courses for carers
- provide home and day care services for people with dementia
- advocate on behalf of people with dementia and their families
- fund research
- co-ordinate community awareness programmes

Message from the President



Princess Yasmin Aga Khan, President

As President of Alzheimer's Disease International, it is a real pleasure for me to celebrate its continuing growth and success. It is the commitment of our members which has strengthened the work that we do. Our continuing growth is crucial to reach out to the many countries where there are no Alzheimer associations and to raise awareness at an international level of the social and economic impact of dementia. With your help Alzheimer's Disease International will continue to develop new Alzheimer associations and expand the global network of help and support available to people with dementia and their families.

Report of the Chairman and Executive Director



Dr Nori Graham, Chairman



Elizabeth Rimmer, Executive Director

In 1984 six countries with small Alzheimer associations came together and formed Alzheimer's Disease International. As we enter the next millennium, we have nearly 50 member countries with Alzheimer associations. In 1984 few would have foreseen the quantum leap there has been in awareness worldwide.

This has occurred partly because of the increase in life expectancy throughout the world together with an increase in the proportion of elderly people in the global population. As many physical diseases have been eliminated, dementia has become more prominent. Development in research into dementia has escalated, not least in the last year, with progress in prevention, diagnosis and treatment.

With all this progress, with all the increased awareness, the needs of people with dementia and their carers have increased apace. Established Alzheimer associations in the developed world have become stronger and more influential. Alzheimer associations are now emerging in the developing world where 60% of people over 65 live. In these countries, even more than in developing ones,

government health budgets are constrained and money for mental health is often almost non-existent. Inevitably countries have now started to look to non-governmental organisations to fill the care vacuum.

ADI has an important role to play in supporting its members and, in particular, facilitating the development of new member associations, most of which will come from economically disadvantaged countries.

Over the last year ADI has met this challenge in a number of ways. Our highly successful conference in India last September has already had tangible good effects. Our Alzheimer University course in June 1999 invited representatives from Malaysia, Thailand, Lebanon, Egypt, Trinidad and Tobago, Russia and Slovakia. We will continue to support these associations that sent individuals to the course over the next months and years. Many of our established but small member associations are keen to learn more and ADI will be running workshops within our annual conference in Johannesburg in September. With increased use of email and the internet, we can disseminate information widely and more easily.

These and many of our other activities are described within this report.

The activities of ADI would not be possible without the financial and practical support from our larger and well-established members in developed countries. As the number of associations in the developing world increases, this help will be ever more needed. Equally, our work would not be possible without the generous grants we receive from corporate sponsors and these are detailed in the treasurer's report.

This has been a very busy and productive year. We are indebted to the executive and all our members but in particular we want to give special thanks to Professor Henry Brodaty for his unfailing support throughout the year. We also want to give thanks to the chairman's local advisory group: John Murphy, Professor Anthony Mann and Harry Cayton who have provided a number of inspiring ideas and a great deal of support throughout the year.

Nori Graham
Elizabeth Rimmer
September 1999

Highlights of the year 1998/9

Annual international conference

September 1998

Cochin, India



Traditional Kerelan drummers at the opening ceremony

Our 14th annual international conference was held in Cochin, Kerala, India. It was our first conference in Asia and was hosted by the Alzheimer's Disease and Related Disorder's Society of India (ARDSI). The theme of the conference was 'dementia the global challenge' – speaker after speaker reinforced the message that the numbers of people with dementia will increase dramatically as the world's population grows older. Presentations from carers and researchers from India and other developing countries enabled the 650 delegates from nearly 50 countries to truly share their different cultural perspectives of dementia. Through donations we were able to support over 20 people from developing countries to attend the conference. The conference was a great success and widely reported in the Indian media at both a state and national level. There is no doubt that awareness and understanding about dementia has increased in India. The conference has opened new opportunities for ARDSI and given them the confidence to face the huge challenge that lies ahead in supporting the estimated three million people with dementia in India.



Opening ceremony: Governor of Kerala, Justice Sukhdev Singh Kang inaugurating the conference. Others from left to right: Dr Jacob Roy, Chairman ARDSI; Dr Jose Bertolotte, Mental Health Division, WHO; Dr Nori Graham, Chairman ADI; Mr D K Manavalan, Secretary Ministry of Social Justice and Empowerment; Dr B M Pulimood, Chairman organising committee

World Alzheimer's Day

September 21 1998

From the South Island of New Zealand to the Orkneys off the coast of Scotland, over 30 Alzheimer associations world wide marked World Alzheimer's Day. We again provided members with a tool kit to enable them to raise awareness. The kit included a special World Alzheimer's Day bulletin, postcards, posters and badges. In Ireland, the President of Ireland Mary McAleese officially opened the Alzheimer Society's new day care centre in Dublin. A fun run was organised through the streets of Cochin, India. In Taiwan

the Alzheimer's association was formally launched and members of the new association wrote down their hopes for the future on a 'wish and blessing tree'. Just a handful of the many ways World Alzheimer's Day was acknowledged throughout the world.

Lambie Nairn a leading international design company developed a World Alzheimer's Day logo for us which we launched in September 1998 and have since adopted as the new ADI logo. We would like to thank Lambie Nairn for the work they did for us.

Fun run through the streets of Cochin, India



Opening of a new day centre in Ireland



Members of the Taiwanese Alzheimer's Association distributing leaflets

Highlights of the year 1998/9

Alzheimer University



Alzheimer University: 'The structure of the workshops was excellent as everybody was involved', Norma Inniss, Trinidad

We are committed to strengthening the work of Alzheimer associations. To help us do this we developed our Alzheimer University programme in 1998. In June 1999 we held our second Alzheimer University course, a series of practical workshops aimed at giving participants from emerging Alzheimer associations the skills to get their associations off the ground. Workshop topics included

identifying aims, providing information, developing support groups, recruiting volunteers, raising money and raising public awareness. The course was a great success and brought together key individuals from Trinidad & Tobago, Egypt, Lebanon, Malaysia, Russia, Slovakia and Thailand.

We have now developed a further module of the course aimed at our more established members which will be piloted during the annual conference in Johannesburg, September 1999.

We are indebted to the Alzheimer's Disease Society UK for the success of the Alzheimer University, in particular to Harry Cayton, Martin Horwood, Jacqueline Wharrad, Helen Sawyer, Jane Bell, Steve Milton and Rebecca Gray who each ran a workshop for us and provided valuable advice and support. Barbara Avila of Age Concern, London, UK also ran one of the workshops and we thank her.



Participants and organisers at The Alzheimer University

Regional meetings

We are encouraging the development of ADI regional networks.

During the annual conference in India, ADI members in the Asia Pacific region came together for the first time to explore ways of collaborating and sharing resources. Plans are now underway for the second ADI Asia Pacific meeting in Singapore in September 1999.

In March 1999, the second regional meeting of ADI's Latin American members was hosted by AMAES (Mexican Alzheimer Association) in Oaxaca, Mexico. Eleven of our members in the region attended. Lively workshops enabled members to share their experiences and learn from one another in a common language. The third meeting will be in Cuba, March 2000.

In June 1999 Alzheimer Europe held its 9th annual conference in London, hosted by the Alzheimer's Disease Society. It was attended by 600 delegates.



First Asia Pacific meeting

Research developments

Less than one tenth of all population based research into dementia has been directed towards the two thirds or more of people with dementia who live in developing countries. To address this imbalance ADI has supported the development of the 10/66 research group. 10/66 are a group of researchers who have linked together to encourage active collaboration between research groups in developing countries and between developed and developing countries. The first meeting of the group was held during our conference in India. Meetings of 10/66 will become regular features of future ADI conferences.

The 10/66 website is hosted by ADI and was launched in May 1999, it provides contact details for all members of the 10/66 network and updates on research activities. www.alz.co.uk/1066



World Health Organization

We are in official relations with the World Health Organization. We again attended the annual meeting of non governmental organisations affiliated to WHO active in the area of mental health. In January 1999 we went to WHO to discuss how we could work with them to set up a WHO dementia working group to look at the needs of people with dementia in the developing world. Discussions are still under way but we are optimistic that this will become a reality in the near future.

Friends of ADI

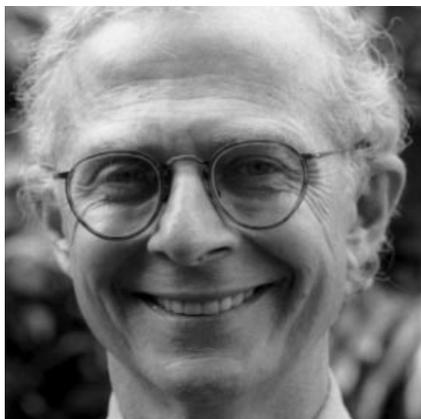
In May 1999 we set up a UK registered charity, 'Friends of ADI', to enable us to take advantage of tax relief on donations from individuals in the UK.

Improved communications

Throughout the year communication has remained a constant focus, it underpins all our work and is the key to our continued success. The internet has transformed our communication abilities tremendously. Our website www.alz.co.uk now has over 3000 visitors per month and has been expanded to include links to good sources of information about dementia on the internet and all our are publications in a downloadable format. We provide up-to-date contact information for all our members and listings for conferences worldwide. We are aware of the increasing gap between those who have access to the internet and those who do not, to plug this gap we have made grants to members to enable them to buy computer equipment. We have increased our factsheets to eight and updated all our publications. Our *Help for Carers* booklet (available in English and Spanish) continues to be popular and we have distributed nearly 5000 copies over the last year. We also produced a new updated ADI leaflet about our activities.

Thank you We have received help and advice from many friends over the last year but we particularly wish to thank the Alzheimer's Disease Society, UK for continuing to provide us with office accommodation and the London Region of the Alzheimer's Disease Society with whom we share an office for sharing their resources and expertise with us over the last year.

Report of the medical and scientific advisory panel



Professor Henry Brodaty, chairman of the Medical and Scientific Advisory Panel

The Medical and Scientific Advisory Panel (MSAP) now consists of nearly 100 medical and scientific experts in the field of dementia research from around the world. Amongst other supporting functions, the members of the panel act as ambassadors for ADI when they travel to different countries during the course of their work. They act as advisors in response to enquires to the ADI office with factsheets and speak at regional conferences. There are no official regular meetings of panel members but opportunities to meet are taken at international meetings when members of the panel find themselves together at the same meeting. I last met with many of them at the ADI meeting in Cochin in September 1998.

Thanks to particular members of the panel, there have been some significant activities undertaken during the year on behalf of ADI. Dr Rachele Doody was very proactive during her visit to the Philippines and as a result of her encouragement an Alzheimer association has formed there. During my recent visit to the International Psychogeriatric Association (IPA) meeting in China, Yu Chi Shing and I had some

discussions about an emerging Alzheimer's association in China and there have been further developments since then. Dr Alexander Kurz spoke at a conference in Moscow in December and we have now received an application for provisional membership of ADI from Russia. Representatives from Russia attended our Alzheimer University course in London in June.

Professor Shah Ebrahim contributed to the March issue of the Global Perspective on health and social policy on ageing in South East Asia. Professor Alistair Burns prepared a fact sheet on psychiatric and behavioural disturbances in dementia. Dr Serge Gauthier, Dr Roger Bullock and others helped in producing the fact sheet on drug treatments in dementia – a difficult task. Dr Peter Whitehouse with several other members of ADI successfully completed the production of the ethical guidelines for research on people with dementia. This has been published in the Alzheimer's Disease and Related Disorders Journal and copies will be available shortly from the ADI office. Dr Martin Prince did an impressive amount of background work for the 1998 and 1999 World Alzheimer's Day bulletins.

During the course of the year Dr Nori Graham, negotiated with the Institute of Psychiatry, Professor Sir David Goldberg and Dr Simon Lovestone to collaborate on production of a teaching video for primary care practitioners on the assessment and management of dementia. The video will be available in English at the conference in Johannesburg and soon afterwards it will be available with Spanish subtitles.

If this proves useful, we hope to translate it into a number of languages depending on demand. The translations will all be done at the Institute of Psychiatry in London where they have great expertise in this area.

Finally, I want to congratulate Dr Martin Prince on his magnificent work with the 10/66 Dementia Research Group. This group, which is affiliated to ADI, had its first meeting at the ADI Conference in Cochin in September 1998. The aim of the group is to quantify the prevalence and incidence of dementia in countries and regions that have not been studied. During the course of the year Martin Prince has trained a number of people from centres in Brazil, Dominican Republic, Sri Lanka, India, China and Japan. The next meeting of the group will be during the conference in Johannesburg and members of 10/66 will report back on the pilot studies that have started to take place during the year. This work is well described in the July issue of the Global Perspective. Two consensus position papers, based on discussions at the Cochin meeting, have been accepted for publication in the International Journal of Psychiatry.

During the course of the year I attended IPA meetings in China and Canada and have visited Thailand and Indonesia. Nori Graham attended the World Psychiatric Association (WPA) meeting in Hamburg and was able to make some very significant new contacts to help people especially in the Asia Pacific region and Africa. She was also able to make useful links with the incoming chairman of the IPA Professor Edmond Chiu and with the new president of the WPA, Professor Juan Lopez-Ibor. At the Hamburg meeting, three

Report from council

consensus statements on Psychiatry of the Elderly – a definition, organisation of care and education – were officially launched. These were prepared by WHO and WPA in collaboration with ADI and a number of other international organisations. Several members of MSAP were involved with the publication.

It has been quite an exceptionally busy year. I would like to thank all the people I have mentioned above for their interest, enthusiasm and tremendous support to ADI. Thanks also to Alisa Green, Georgina Luscombe and Adrienne Withal from my office who have willingly helped in innumerable ways.

Henry Brodaty
Chairman, MSAP
September 1999

The council is the governing body of ADI. It consists of the delegates of the full member associations and individual members of the executive committee. The council is responsible for ADI's policy and overall direction and meets once a year.

The council met in Cochin, India on 24 September 1998. Present at the meeting were 21 voting delegates, four provisional (non-voting) members, members of the executive committee, Elizabeth Rimmer, executive director; Jackie Moore, minute secretary; Brian Moss, honorary vice-president; and 27 other interested people who were invited as observers. Elizabeth Rimmer presented the report of the year's activities.

The council confirmed full membership for Colombia and provisional membership for Turkey.

The council discussed and agreed that ADI's international conferences should continue to be held annually. The conference in 1999 will be in Johannesburg, South Africa and the conference in 2000 will be in Washington DC, USA. The 2000 conference is being hosted by the American Alzheimer's Association and will be held in conjunction with their annual education meeting and back to back with the Alzheimer's Disease and Related Disorders (ADRD) research meeting. It was agreed that a decision about future arrangements with the ADRD would not be made until after the year 2000.

The council agreed an amendment to the by-laws allowing the chairman to continue as chairman for a second three-year term. It was proposed and agreed that Nori Graham continue as chairman for a second term starting

in 1999. Four vice-chairman were elected – Professor Henry Brodaty (Australia), Roberto Garcia (Mexico), Stuart Roth (United States), and Dr Jacob Roy (India). Michael Livni (South Africa) was appointed treasurer. Vera Caovilla (Brazil), Dr Carlos Mangone (Argentina, elected a second term) and Yu Chi Shing (Hong Kong) were elected to the executive committee. Special thanks went to Stuart Roth, the outgoing treasurer for his helpful support.

The council agreed that a working group under Verna Schofield's leadership be set up to produce an international charter on the needs of people with dementia. A draft paper would be prepared during the year and presented at the next council meeting in 1999.

John Murphy, finance and marketing advisor to ADI in London, gave a presentation to council on the new World Alzheimer's Day logo and recommended that ADI adopt it as their official logo. After discussion and enthusiastic support from the executive committee, the council agreed that ADI adopt the logo, new members be required to adopt it and existing members be encouraged to use it. The chairman concluded the meeting by thanking all ADI members for their loyal support.

Nori Graham
September 1999

Report of the honorary treasurer

for the year end December 31 1998



Michael Livni, Treasurer

I became treasurer in September 1998 and I wish to thank Stuart Roth, the previous honorary treasurer for his commitment to ADI. 1998 has been another successful year for ADI. Our net assets have increased 40% to \$132,000. Support in the form of dues from you the members has increased significantly to \$165,000, which is an increase of 32% from 1997. Part of this increase was due to a \$10,000 payment received from Finland as a contribution from the proceeds of the annual conference in Helsinki.

We received the second \$60,000 instalment of the three year communication grant from the Eli Lilly International Foundation. This does not show as income in the 1998 accounts as the whole \$180,000 was shown as income in 1997. We are thankful to the Foundation for their continued support.

Pfizer Pharmaceuticals group, the Helen Bader foundation and Janssen Pharmaceutica all gave us grants in support of the annual conference, for which we are grateful. This enabled us to spend just over \$78,000 on the annual conference in India, the majority of which was in travel grants. We

supported over 20 delegates from new and emerging Alzheimer associations to attend the conference in Cochín.

Certain achievements stand out in 1998. We piloted the first Alzheimer University course in April 1998 with a grant from the Wingate Trust and a gift from a private donor in the UK. The course was a great success and we would like to thank the trust and our donor for their support.

We distributed promotional materials, a bulletin, posters, postcards and badges for World Alzheimer's Day across our membership which was made possible by the continued support of Pfizer Pharmaceuticals group and Eisai Limited. This accounts for the increased expenditure on World Alzheimer's Day from 1997.

1998 saw further expansion of ADI's information provision, including the production of new factsheets, the expansion of our website and reprinting of a number of our publications. The increased expenditure shown in the accounts that follow is a result of our increased activities.

The accounts I am presenting to you demonstrate that ADI is maturing into an organisation focussed on strengthening the work of Alzheimer associations throughout the world. Our donors have been with us every step of the way and we thank them.

Michael Livni, Treasurer
September 1999

Independent auditor's report

We have audited the accompanying statements of financial position of Alzheimer's Disease International as of December 31, 1998 and 1997 and the related statements of activities and changes in net assets 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 generally accepted auditing standards. 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, 1998 and 1997 and the results of its activities and changes in net assets, and cash flows for the years then ended in conformity with generally accepted accounting principles.

Ruzicka & Associates Ltd
United States
March 22, 1999

Statements of financial position

December 31, 1998 and 1997

	1998			1997		
	UNRESTRICTED FUNDS \$	TEMPORARILY RESTRICTED FUNDS \$	TOTAL \$	UNRESTRICTED FUNDS \$	TEMPORARILY RESTRICTED FUNDS \$	TOTAL \$
Assets						
Cash and cash equivalents	123,661		123,661	148,376		148,376
Dues receivable	871		871	500		500
Loan for conference	20,000		20,000			
Grants receivable	10,480	60,000	70,480	16,479	120,000	136,479
Prepaid expenses	777		777	275		275
Fixed assets, net of accumulated depreciation of \$9,805 in 1998 and \$5,830 in 1997	6,962		6,962	8,973		8,973
Interfund balance	(10,384)	10,384		(52,878)	52,878	
Total assets	152,367	70,384	222,751	121,725	172,878	294,603
Liabilities and net assets						
Liabilities						
Accounts payable	20,260		20,260	28,546		28,546
Total liabilities	20,260		20,260	28,546		28,546
Net assets						
Unrestricted	132,107		132,107	93,179		93,179
Temporarily restricted		70,384	70,384		172,878	172,878
Total net assets	132,107	70,384	202,491	93,179	172,878	266,057
Total liabilities and net assets	152,367	70,384	222,751	121,725	172,878	294,603

See accompanying notes

Statements of activities and changes in net assets

For the years ended December 31, 1998 and 1997

	1998			1997		
	UNRESTRICTED FUNDS \$	TEMPORARILY RESTRICTED FUNDS \$	TOTAL \$	UNRESTRICTED FUNDS \$	TEMPORARILY RESTRICTED FUNDS \$	TOTAL \$
Support and revenue						
Dues	165,491		165,491	124,672		124,672
Contributions and grants	105,297		105,297	22,565	261,954	284,519
In kind contributions - occupancy	16,275		16,275	8,300		8,300
Interest and other	5,220		5,220	8,319		8,319
Gain (loss) on currency exchange transactions	(99)		(99)	(329)		(329)
Net assets released from restriction: satisfaction of program restrictions	102,494	(102,494)		119,076	(119,076)	
Total support and revenue	<u>394,678</u>	<u>(102,494)</u>	<u>292,184</u>	<u>282,603</u>	<u>142,878</u>	<u>425,481</u>
Expenses						
Salaries and related expenses	87,118		87,118	74,539		74,539
Grants to members	14,133		14,133	22,541		22,541
Alzheimer University	29,356		29,356	5,419		5,419
Occupancy - donated space	16,275		16,275	8,300		8,300
Printing	31,222		31,222	19,930		19,930
Postage & delivery	15,649		15,649	9,279		9,279
Office expense and miscellaneous	15,718		15,718	14,592		14,592
Telephone and interest	8,601		8,601	6,060		6,060
Professional fees	7,456		7,456	6,060		6,060
World Alzheimer's Day	42,254		42,254	22,811		22,811
Convention, including travel grants	78,302		78,302	49,366		49,366
Other meetings & travel	5,691		5,691	6,207		6,207
Depreciation	3,975		3,975	2,830		2,830
Total expenses	<u>355,750</u>		<u>355,750</u>	<u>247,934</u>		<u>247,934</u>
Increase (decrease) in net assets	38,928	(102,494)	(63,566)	34,669	142,878	177,547
Net assets						
Beginning of year	<u>93,179</u>	<u>172,878</u>	<u>266,057</u>	<u>58,510</u>	<u>30,000</u>	<u>88,510</u>
End of year	<u>132,107</u>	<u>70,384</u>	<u>202,491</u>	<u>93,179</u>	<u>172,878</u>	<u>266,057</u>

See accompanying notes

Statements of cash flows

For the years ended December 31, 1998 and 1997

	1998			1997		
	UNRESTRICTED FUNDS \$	TEMPORARILY RESTRICTED FUNDS \$	TOTAL \$	UNRESTRICTED FUNDS \$	TEMPORARILY RESTRICTED FUNDS \$	TOTAL \$
Cash flows from operating activities:						
Change in net assets	38,928	(102,494)	(63,566)	34,669	142,878	177,547
Adjustments to reconcile change in net assets to net cash provided by operating activities:						
Depreciation	3,975		3,975	2,830		2,830
Change in interfund balance	(42,494)	42,494		49,964	(49,964)	
Increase in dues receivable	(371)		(371)	(250)		(250)
Increase in loan for conference	(20,000)		(20,000)			
Decrease (increase) in grant receivable	5,999	60,000	65,999	(6,888)	(92,914)	(99,802)
Increase in prepaid expenses	(502)		(502)	(275)		(275)
Decrease in accounts payable	(8,286)		(8,286)	(23,987)		(23,987)
Net cash flow used in operations	(22,751)		(22,751)	56,063		56,063
Investing activities						
Purchase of fixed assets	(1,964)		(1,964)	(4,766)		(4,766)
Decrease in cash	(24,715)		(24,715)	51,297		51,297
Cash and cash equivalents balance						
Beginning of year	148,376		148,376	97,079		97,079
End of year	123,661		123,661	148,376		148,376

See accompanying notes

Notes to the financial statements

December 31, 1998 and 1997

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 world wide 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 Alzheimer's; 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 recognized 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 are \$1000 in 1998 (\$500 in 1997). 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 life of 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.

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 and transfers from temporarily restricted net assets for reimbursement of expenditures that meet the restrictions of the donors.
- *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 member support

ADI received approximately 74% of its dues revenues from three member organisations. In addition to dues, one member organisation made a contribution of \$10,000 in 1998 (\$12,475 in 1997) for the conference. Major contributions were received from five sources in 1998 and 1997.

4 In kind contributions

In 1998 ADI received \$16,275 (\$8,300 in 1997) of in-kind contributions from the Alzheimer's Disease 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. The increase was due to a move to larger space.

5 Program 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, factsheets and booklets), assistance to members, development of new Alzheimer associations and World Alzheimer's Day. The conference is coordinated and planned by a member country upon the ADI board approval of a conference proposal. The conference in 1998 was held in India, in 1997, it was held in Israel. In 1998 ADI made a grant of \$20,000 to India for conference support. The balance of conference expenses was primarily for the registration and travel assistance for people to attend the conference and printing of conference materials.

6 Functional expenses

Expenses are allocated by function based on estimates of management and are as shown below :

December 31, 1998

	Member Services			GENERAL ADMINI- STRATION	FUNDRAISING	TOTAL
	CONFERENCE	COMMUNI- CATION	ALZHEIMER UNIVERSITY			
	\$	\$	\$	\$	\$	\$
Expenses						
Salaries and related expenses	25,392	30,763	12,696	11,919	6,348	87,116
Grants to members			14,133			14,133
Alzheimer University			29,356			29,356
Occupancy - donated space	3,255	6,510	3,255	1,628	1,627	16,275
Printing		15,175	8,981	4,184	2,882	31,222
Postage & delivery	4,487	5,110	4,487	1,565		15,649
Office expense and miscellaneous	3,144	6,286	3,144	1,572	1,572	15,718
Telephone	1,720	3,441	1,720	860	860	8,601
Professional fees				7,456		7,456
World Alzheimers			42,254			42,254
Convention, incl travel	78,302					78,302
Other meetings & travel			5,691			5,691
Depreciation	795	1,590	795	397	398	3,975
Total expenses	117,095	68,875	126,512	29,581	13,687	355,750

December 31, 1997

	Member Services			GENERAL ADMINI- STRATION	FUNDRAISING	TOTAL
	CONFERENCE	COMMUNI- CATION	OUTREACH			
	\$	\$	\$	\$	\$	\$
Expenses						
Salaries and related expenses	11,444	40,207	11,444	5,722	5,722	74,539
Grants to members			22,541			22,541
Outreach and development			5,419			5,419
Occupancy - donated space	1,660	3,320	1,660	830	830	8,300
Printing		13,339	5,450	801	340	19,930
Postage & delivery	1,856	4,639	1,856	928		9,279
Office expense and miscellaneous	2,918	5,838	2,918	1,459	1,459	14,592
Telephone	1,212	2,424	1,212	606	606	6,060
Professional fees				6,060		6,060
Public relations			22,811			22,811
Convention, incl travel	49,366					49,366
Other meetings & travel			6,207			6,207
Depreciation	566	1,132	566	283	283	2,830
Total expenses	69,022	70,899	82,084	16,689	9,240	247,934

Alzheimer's Disease International

September 1999

Officers

As at 1 October 1998

President

Princess Yasmin Aga Khan, USA

Chairman

Nori Graham, UK

Vice chairmen

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Treasurer

Michael Livni, South Africa

Honorary Vice President

Brian Moss, Australia

Founder and honorary vice president

Jerome Stone, USA

*also chairman of the medical and scientific panel

Executive Committee

As at 1 October 1998

Marg Eisner, Canada

Carlos Mangone, Argentina

Yoshio Miyake, Japan

Brian Roycroft, UK

Gabriella Salvini Porro, Italy

Verna Schofield, New Zealand

Vera Caovilla, Brasil

Edwin Yu Chi Shing, Hong Kong, China

Secretariat

Executive director

Elizabeth Rimmer

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Full members

ARGENTINA

ALMA (Asociación de Lucha contra el Mal de Alzheimer)

AUSTRALIA

Alzheimer's Association Australia

AUSTRIA

Alzheimer Angehörige Austria

BELGIUM

Ligue Alzheimer

BRAZIL

FEBRAZ

(Federação Brasileira de Associações de Alzheimer)

CANADA

Alzheimer Society of Canada

CHILE

Corporación Chilena de la Enfermedad de Alzheimer y Afecciones Similares

DENMARK

Alzheimerforeningen

FINLAND

Alzheimer Society of Finland

FRANCE

Association France Alzheimer

GERMANY

Deutsche Alzheimer Gesellschaft

GREECE

Greek Society of AD and Related Disorders

GUATEMALA

Asociación Grupo Ermita

HONG KONG

Hong Kong Alzheimer's Disease and Brain Failure Association

INDIA

Alzheimer's & Related Disorders Society of India

IRELAND

The Alzheimer Society of Ireland

ISRAEL

Alzheimer's Association of Israel

ITALY

Federazione Alzheimer Italia

JAPAN

Association of Family Caring for Demented Elderly

KOREA

Association of Family Caring for Demented Elderly in Korea

LUXEMBOURG

Association Luxembourg Alzheimer

MEXICO

AMAES

NETHERLANDS

Alzheimerstichting

NEW ZEALAND

Alzheimer's Society, NZ

POLAND

Polish Alzheimer's Association

PUERTO RICO

Asociación de Alzheimer de Puerto Rico

ROMANIA

Romanian Alzheimer Society

SCOTLAND

Alzheimer Scotland – Action on Dementia

SINGAPORE

Alzheimer's Disease Association

SOUTH AFRICA

Alzheimer's & Related Disorders Association

SPAIN

Federated Association of Family Alzheimer Associations

SWEDEN

Alzheimer's Society of Sweden

SWITZERLAND

Association Alzheimer's Suisse

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CUBA

Centro Iberoamericano de la Tercera Edad

CZECH REPUBLIC

Ceska Alzheimerovska Spolecnost

DOMINICAN REPUBLIC

Asociacion Dominicana de Alzheimer y Trastornos Relacionados

ECUADOR

The Alzheimer's Foundation of Ecuador

TURKEY

The Alzheimer Association of Turkey



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