Mission statement

It is the mission of Alzheimer’s Disease International (ADI) to promote and support the work of national Alzheimer’s societies. In doing so, ADI especially aims to raise world awareness of the impact of Alzheimer’s disease on the individual and the carer.

Officers
As at 1 November 1996

President
Princess Yasmin Aga Khan
United States

Honorary Vice President
Brian Moss AM
Australia

Founder and Honorary Vice President
Jerome H Stone
United States

Chairman
Dr Nori Graham
United Kingdom

Honorary Treasurer
Stuart C Roth
United States

Executive Committee
As at 1 November 1996

Prof Henry Brodaty
Australia

Marg Eisner
Canada

Roberto Garcia
Mexico

Michael Livni
South Africa

Dr Carlos Mangone
Argentina

Dr Yoshio Miyake
Japan

Dr Jacob Roy
India

Brian Roycroft
United Kingdom

Gabriella Salvini Porro
Italy

Verna Schofield
New Zealand

David Zimmer
Canada

Addresses
Registered address:
Alzheimer’s Disease International, The
International Federation of Alzheimer’s Disease and
Related Disorders Societies, Inc.
919 N. Michigan Avenue
Chicago, Illinois 60611
United States of America

Secretary General:
Mr Robert Gomez
45/46 Lower Marsh
London SE1 7RG
United Kingdom
+(44 171) 620 3011

Alzheimer’s Disease International is in official relations with the World Health Organisation
Alzheimer's Disease International (ADI) is an organization established by family members of persons with Alzheimer's disease working together with caring professionals to promote understanding, support and action through charitable, educational and scientific efforts worldwide. Members of ADI are national societies representing family members of persons with Alzheimer's disease and related disorders. In each country, the member society works to develop support groups, provide information and advice, promote public awareness and develop educational programmes for affected families and the general public. Each member society has a medical and scientific advisory component. Some societies also provide counselling, day centres, home care and other types of respite care programmes.

**Aims of ADI**

To advance worldwide the well-being of persons with Alzheimer's disease, their families and other caregivers by:

- Fostering the development of voluntary associations and societies concerned with the support of persons with Alzheimer's disease and their families

- Promoting public awareness in countries in which ADI societies operate, encouraging the sharing and dissemination of information and awareness programmes

- Informing and educating lay and professional people, interested agencies and groups; collecting and disseminating scientific and educational information about Alzheimer's disease and related disorders; providing a world-wide forum for the discussion of related problems

- Encouraging and supporting scientific research into the biomedical, behavioural and social aspects of Alzheimer's disease and related disorders, including: epidemiology and causes; diagnosis; prevention; patient treatment and therapy; cures; models of patient care by families and other caregivers

- Promoting improved public policy and services for persons with Alzheimer's Disease and related disorders.

Alzheimer's Associations are active within their own countries lobbying for better and more services, welfare benefits and research. Internationally, ADI is assisting third world and Eastern European countries with development of their Associations by sponsorship, provision of written and audiovisual materials and attendance at local meetings. ADI has a number of committees including the Medical and Scientific Advisory Committee which encourages collaborative research and visits by prominent researchers and clinicians to developing countries. ADI organises annual international meetings at which the scientific community comes together with care providers, including family members, for an interchange of information and ideas. In 1994 and 1995 respectively the Medical and Scientific Advisory Committee convened consensus conferences on predictive testing for Alzheimer's disease and general practitioner screening for cognitive impairment.

ADI's role in supporting family members and other carers of persons with Alzheimer's disease and related disorders can form part of the therapies available to the clinician for most chronic conditions. Researchers, too, can benefit by collaborating with Alzheimer's associations, e.g. by publicising drug trials, by obtaining access to families for genetic work, and for research with caregivers. In return, the professional community should offer its services by giving talks, writing articles, communicating about their work and, more importantly, by becoming members of their national association and involved in its work.
Chairperson's report

One of the basic aims of Alzheimer's Disease International is to provide a link between member countries, ensuring opportunities for networking and sharing of ideas. To a large extent this is achieved, especially through the annual conference, but also with the dissemination of printed material. It has always been an objective to assist member countries to provide support for people with dementia and their carers. As we reflect on events in the past year, we can acknowledge that whilst there is still much to be done, a great deal has been achieved.

New Members

At the Annual General Meeting held in Buenos Aires in September 1995, the Council approved full membership status for Italy, Korea, Luxembourg, Romania and Uruguay. Provisional membership was granted to Guatemala, Poland and Singapore.

The very fact that so many new countries are joining our ranks is evidence of the value of the organisation and the assistance and nurturing of new members which is available.

When talking to representatives of the recently admitted members, it is clearly apparent that by being granted membership a significant step in their development has been made and has provided them with further opportunities for developing networks within their own country.

A number of new contacts have been made with numerous countries and formal applications have now been received from Colombia, Dominican Republic, Greece, Hong Kong and Peru, and these will be considered at the forthcoming meeting in Jerusalem.

Gateway Programme

We have been able to give some limited help this year to developing countries through our Gateway programme, and we hope to expand this further in the coming year, bringing more assistance to developing countries endeavouring to establish services for people with dementia.

11th International Conference

Our colleagues in Argentina ably led by Dr Carlos Mangone and Beatriz Berg, provided an interesting and stimulating conference, with hospitality that can only be described as outstanding.

A varied and wide ranging programme provided opportunity for family caregivers, professional caregivers and researchers to hear and discuss many topics of relevance to their own situation.

The conference in Buenos Aires provided many delegates with a fascinating opportunity to visit and study another city, another culture, and the means of dealing with a common problem.

At the Annual General Meeting held in Buenos Aires, Council resolved that the 1998 International Conference be held in Cochin, India. The decision for the 1998 conference venue was not easy, and a very strong bid was made by Japan. On balance Council determined that it could do more to assist India in the development of its services at this point in time and is hopeful that Japan will submit another bid for the conference in the near future. Our 1997 meeting will be held in Finland.

Opening of Alzheimer's House in Marktbreit - Germany

The International Pharmaceutical Company, Eli Lilly & Company purchased the former home of Dr Alois Alzheimer in Marktbreit - Germany, the Company has refurbished the home and established it as a permanent museum and conference centre.

In December 1995, ADI was represented at the official opening by Dr Nori Graham, Chairperson Elect and the Secretary General, Robert Gomez.

Relationship with WHO

We were delighted to be advised that the World Health Organisation Executive Board at its 97th session in January 1996, resolved to admit Alzheimer's Disease International into official relations with the World Health Organisation.

For some time now we have been preparing the way to formalise a working relationship with WHO, and it's pleasing that this has now come to fruition. This is an important step which puts Alzheimer's disease under focus at this important international forum.

We acknowledge the help that we have received from Dr Jose Bertolote, the WHO contact person who has been most helpful.

Honorary Doctorate for Chairperson Elect

In May this year we were delighted to learn that the Open University (United Kingdom) conferred upon the ADI chairperson elect, Dr Nori Graham, an Honorary Doctorate recognising her work in the care of the elderly.

Dr Graham has worked tirelessly in her efforts to assist elderly people and has given of herself unsparingly in her support of the Alzheimer's Disease Society of the UK and ADI. Our congratulations and best wishes go to Dr Graham.

A new Era

The Council of ADI at its meeting in Jerusalem will consider the document 'The Way Forward' which
was circulated to member countries earlier this year.

This is an exciting and challenging opportunity for ADI. As I 'hand over the reigns' to the Chairperson elect, Dr Nori Graham, I do so with confidence. Dr Graham has the drive and enthusiasm to assist ADI achieve new goals and in its endeavour to foster on a worldwide basis services for people with dementia and their carers.

For me it has been an honour and a privilege to serve as an office bearer since ADI's inception in 1984. I wish to convey my sincere thanks to all office bearers and to the Secretary-General Robert Gomez for their support.

It doesn't seem that long ago when, in Australia, we set about establishing a support group and an Association (1983) similar to those operating in countries such as the United Kingdom, United States and Canada. I know we benefited in Australia from the contacts we made in those countries.

We have all benefited from mutual support on an international basis, and I know that the new members will soon appreciate the help that is available.

In this, my last report as Chairperson, I send my greeting to the many friends I have made through ADI and my best wishes for the future to you all.

Brian Moss
Chairperson
Melbourne, Australia
16 September 1996

It hardly seems possible that a whole year has passed since we met in Buenos Aires to celebrate our 11th ADI Conference. The year has been for me at the same time enjoyable, difficult, informative and enlightening.

The Way Forward

Much of my time in the early part of the year was devoted to the preparation of a discussion paper ADI - The Way Forward which presents recommendations for the future and which we will be discussing this year in Jerusalem. At the same time I have been conscious of the fact that in many countries our members operate in a 36 hour day environment where the future sometimes means simply being able to prepare for the 37th hour. In other words I have tried to make sure that we continue to give a service to our members at the same time as we plan ahead in an effort to maximise the scope and efficiency of that service.

World Health Organisation

For me there have been a number of things that I will remember about this year. The granting by the World Health Organisation of Official Relations status features prominently. And it does so because I believe that it is the recognition by WHO of the very important role that ADI has been playing for over eleven years in looking after the interests of member countries spread over many different parts of the world.

We must now rise to the challenge and the responsibilities that this status confers upon us. ADI must ensure that it takes full advantage for its voice to be heard in Regional and World meetings of WHO and I hope that many of our member countries will want to take an active part in this exciting development. While on the subject of WHO I feel I must mention Dr Jose Manuel Bertolote who has been a friend at court there for ADI for many years and who continues to give ADI his support, advice and encouragement, for which we are very grateful.

The Gateway programme

Another thing that I will remember is the great need for more information, education and training that I have found in a great many countries which I have been privileged to visit and which prompted the establishment of our Gateway Programme, which I hope will be the start of a global campaign to help strengthen Alzheimer's Societies everywhere and assist in their development. The concept of the Gateway Programme has already been put into operation in a limited way this year and has seen India, Romania and a number of Latin American countries as its main beneficiaries.

I am confident that there is a general desire among our members in the developed world to participate in this programme so that the expertise, experience and knowledge built up over many years can be shared with younger, less experienced societies. Indeed a number of countries have already pledged their support, and I hope that we will be able to agree at our Jerusalem meetings the best way to move this programme forward.

Membership Potential

We have slowly but surely established contact with many countries, including Bahamas, China, Costa Rica, Croatia, Cuba, Czech Republic, Dominican Republic, Egypt, Gibraltar, Greece,
Hong Kong, Hungary, Jamaica, Jordan, Malaysia, Nigeria, Norway, Pakistan, Peru, Philippines, Portugal, Trinidad & Tobago and the Ukraine. In all these countries there is a need and a desire to form Alzheimer’s Societies in order to bring some comfort and support to many people suffering from this dreadful disease, and their carers. Many of our own members have been sharing their experiences and their knowledge with others in surrounding countries, helping to spread the word.

This has been most evident in Latin America where we have built on the foundations laid last year in Buenos Aires with the result that it is emerging as the fastest developing area for Alzheimer’s Societies.

Publications
During the year we have updated some of our publications and I am happy to report that the Help for Caregivers booklet which we developed jointly with the World Health Organisation is now available in a number of different languages. Our newsletter Global Perspective continues to be well received and is much in demand. We are now considering the possibility of having this publication printed in Spanish, one of the predominant languages among our members.

Sponsors
Once again I am happy to report that we continue to receive support and encouragement from a number of sponsors including Eisai, Eli Lilly, Pfizer International, Sigma Tau, SmithKline Beecham and Warner Lambert/Parke-Davis. We continue to enjoy a good relationship with the Helen Bader Foundation and have been pleased to welcome Marks & Spencer as a sponsor. The latter have assisted with a grant for our Jerusalem conference and I am delighted to say that Alzheimer Scotland-Action on Dementia and the Alzheimer’s Association in the U.S. also contributed with funds which has enabled ADI to sponsor some of the travel costs of over 20 delegates to this year’s conference.

I would also like to place on record the financial contribution which has been facilitated by Dr Nori Graham from sources who prefer to remain anonymous and to whom we are very grateful. This funding has been applied to the cost of printing some ADI publications and to sponsor the attendance at the Israel conference of some six additional people.

Thanks
I said at the beginning that it had been a difficult year. Partly this stems from the sheer frustration of not being able to do more due to lack of adequate resources. I am however very grateful to all those who have contributed either financially, or through their advice, the giving of their time or their friendship and encouragement.

I would like to thank Brian Moss, our Chairperson, for his support and his wisdom, Elizabeth Rimmer, my assistant and colleague for her invaluable support, and Beatriz Rose, who continues to volunteer her services one day a week assisting me in coordinating our activities in Latin America.

Many others throughout the ADI community have also helped and to all of them my thanks. A special word for the Alzheimer’s Disease Society in the U.K. which continues to provide ADI with free office accommodation. In this connection, I am delighted to report that this facility is being significantly increased in the new year to allow us to cater for our expansion.

I would also like to thank our good friend Dr Carlos Mangone who is someone who has always been ready to help ADI and to whom we owe much of the progress that we have been able to make in Latin America. I was particularly sad to hear that he had been involved in a serious car accident a few weeks ago in the city of Rosario, Argentina, from which he is slowly recovering. I am sure you all join with me in wishing him a very speedy recovery.

My thanks would not be complete without a few words about Nori Graham. I have been fortunate in being able to work closely with her and I am very grateful for her support, advice and friendship. I believe we share a vision of the future which can place ADI in a position to meet the challenges which lie ahead from a position of strength and which will enable us to find a better way forward.

Robert A Gomez
Secretary General
London
24 September 1996
We have audited the accompanying statement of financial position of Alzheimer’s Disease International as of December 31, 1995 and the related statement of activities and changes in net assets and statement of cash flows for the year then ended. These financial statements are the responsibility of the Organization’s management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit 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 audit provides a reasonable basis for our opinion.

As described in Note 6 to the financial statements, the 1995 financial information has been prepared in conformity with Statements of Financial Accounting Standards No. 116 and No. 117 and adoption of accrual accounting.

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, 1995 and the results of its activities and changes in net assets, and cash flows for the year then ended in conformity with generally accepted accounting principles.

Ruzicka and Associates Ltd
United States
7 October 1996
## Statement of financial position

December 31 1995

<table>
<thead>
<tr>
<th></th>
<th>UNRESTRICTED</th>
<th>TEMPORARILY RESTRICTED</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>108,257</td>
<td></td>
<td>108,257</td>
</tr>
<tr>
<td>Dues receivable</td>
<td>8,741</td>
<td></td>
<td>8,741</td>
</tr>
<tr>
<td>Grant receivable</td>
<td>2,000</td>
<td></td>
<td>2,000</td>
</tr>
<tr>
<td>Prepaid expenses</td>
<td>1,094</td>
<td></td>
<td>1,094</td>
</tr>
<tr>
<td>Fixed assets, net of depreciation of $1,000</td>
<td>9,037</td>
<td></td>
<td>9,037</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>129,129</td>
<td></td>
<td>129,129</td>
</tr>
<tr>
<td><strong>Liabilities and net assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accounts payable</td>
<td>87,776</td>
<td></td>
<td>87,776</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td>87,776</td>
<td></td>
<td>87,776</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>41,353</td>
<td></td>
<td>41,353</td>
</tr>
<tr>
<td>Restricted</td>
<td>41,353</td>
<td></td>
<td>41,353</td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td>129,129</td>
<td></td>
<td>129,129</td>
</tr>
</tbody>
</table>

See accompanying notes

## Notes

### 1 Summary of significant accounting policies

#### Purpose of the organization

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 organization to: advance the well-being of Alzheimer's victims, 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 organizations.

#### 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 $200. 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 organizations. 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.
## Statement of activities and changes in net assets

For the year ended December 31 1995

<table>
<thead>
<tr>
<th>Description</th>
<th>UNRESTRICTED FUNDS $</th>
<th>TEMPORARILY RESTRICTED FUNDS $</th>
<th>TOTAL $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues received</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dues</td>
<td>50,804</td>
<td>64,091</td>
<td>114,905</td>
</tr>
<tr>
<td>Contributions and grants</td>
<td>64,091</td>
<td>64,091</td>
<td>128,182</td>
</tr>
<tr>
<td>In kind contributions - occupancy</td>
<td>5,584</td>
<td>5,584</td>
<td>11,168</td>
</tr>
<tr>
<td>Interest and other</td>
<td>4,552</td>
<td>4,552</td>
<td>9,104</td>
</tr>
<tr>
<td>Gain on currency exchange transactions</td>
<td>2,125</td>
<td>2,125</td>
<td>4,250</td>
</tr>
<tr>
<td><strong>Net assets released from restriction:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Satisfaction of program restrictions</td>
<td>64,416</td>
<td>(64,416)</td>
<td></td>
</tr>
<tr>
<td><strong>Total revenues received</strong></td>
<td>191,572</td>
<td>(64,416)</td>
<td>127,156</td>
</tr>
<tr>
<td><strong>Expenses paid</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and related expenses</td>
<td>49,315</td>
<td>49,315</td>
<td>98,630</td>
</tr>
<tr>
<td>Temporary help</td>
<td>8,701</td>
<td>8,701</td>
<td>17,402</td>
</tr>
<tr>
<td>Administration</td>
<td>21,392</td>
<td>21,392</td>
<td>42,784</td>
</tr>
<tr>
<td>Occupancy - donated space</td>
<td>5,584</td>
<td>5,584</td>
<td>11,168</td>
</tr>
<tr>
<td>Printing</td>
<td>17,969</td>
<td>17,969</td>
<td>35,938</td>
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<tr>
<td>Postage &amp; delivery</td>
<td>5,586</td>
<td>5,586</td>
<td>11,172</td>
</tr>
<tr>
<td>Recruiting</td>
<td>9,396</td>
<td>9,396</td>
<td>18,792</td>
</tr>
<tr>
<td>Office expense and miscellaneous</td>
<td>9,450</td>
<td>9,450</td>
<td>18,900</td>
</tr>
<tr>
<td>Professional fees</td>
<td>8,090</td>
<td>8,090</td>
<td>16,180</td>
</tr>
<tr>
<td>Public relations</td>
<td>3,044</td>
<td>3,044</td>
<td>6,088</td>
</tr>
<tr>
<td>Convention, including travel</td>
<td>67,411</td>
<td>67,411</td>
<td>134,822</td>
</tr>
<tr>
<td>Other meetings &amp; travel</td>
<td>19,067</td>
<td>19,067</td>
<td>38,134</td>
</tr>
<tr>
<td>Depreciation</td>
<td>1,000</td>
<td>1,000</td>
<td>2,000</td>
</tr>
<tr>
<td><strong>Total expenses paid</strong></td>
<td>226,005</td>
<td>226,005</td>
<td>452,010</td>
</tr>
<tr>
<td><strong>Decrease in net assets</strong></td>
<td>(34,433)</td>
<td>(64,416)</td>
<td>(98,849)</td>
</tr>
<tr>
<td><strong>Net assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beginning of year</td>
<td>75,786</td>
<td>64,416</td>
<td>140,202</td>
</tr>
<tr>
<td>End of year</td>
<td>41,353</td>
<td>41,353</td>
<td>82,686</td>
</tr>
</tbody>
</table>

See accompanying notes

### Income taxes

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

### 2 Administrative services

ADI was operated under an administrative agreement with Alzheimer’s Association (USA) whereby it reimbursed the association quarterly for the salary of the Secretary General for ADI. This agreement was terminated in May of 1995 when ADI moved its offices to London. ADI owes the Association $21,392 for 1996 services and has arranged to pay this liability over five years. This amount is included in accounts payable. In addition, the Association provided office and equipment for ADI on a rent free basis through May of 1995. No amounts have been reflected in the financial statements for these services.

### 3 Major member support

ADI received approximately 85% of its dues revenues from three member organizations. Major contributions were received from four sources in 1995.

### 4 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 organization 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.
Statement of cash flows

For the year ended December 31 1995

<table>
<thead>
<tr>
<th>Cash flows from operating activities</th>
<th>UNRESTRICTED FUNDS $</th>
<th>TEMPORARILY RESTRICTED FUNDS $</th>
<th>TOTAL $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in net assets</td>
<td>(34,433)</td>
<td>(64,416)</td>
<td>(98,849)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>1,000</td>
<td>1,000</td>
<td>1,000</td>
</tr>
<tr>
<td>Disposal of fixed assets</td>
<td>915</td>
<td></td>
<td>915</td>
</tr>
<tr>
<td>Change in interfund balance</td>
<td>(64,416)</td>
<td>64,416</td>
<td>0</td>
</tr>
<tr>
<td>Increase in dues receivable</td>
<td>(7,341)</td>
<td></td>
<td>(7,341)</td>
</tr>
<tr>
<td>Increase in grant receivable</td>
<td>(2,000)</td>
<td>(2,000)</td>
<td>(2,000)</td>
</tr>
<tr>
<td>Increase in prepaid expenses</td>
<td>(1,094)</td>
<td>(1,094)</td>
<td>(1,094)</td>
</tr>
<tr>
<td>Increase in accounts payable</td>
<td>52,876</td>
<td>52,876</td>
<td>52,876</td>
</tr>
<tr>
<td>Net cash flow used in operations</td>
<td>(54,493)</td>
<td></td>
<td>(54,493)</td>
</tr>
</tbody>
</table>

Investing activities

| Purchase of fixed assets           | (10,037)             | (10,037)                        |         |

Decrease in cash

|                          | (64,530)             |                                 | (64,530) |

Cash and cash equivalents balance

| Beginning of year           | 172,787              |                                 | 172,787  |
| End of year                | 108,257              |                                 | 108,257  |

5 In kind contributions

In 1995 ADI received $5,584 of in-kind contributions from the Alzheimer’s Disease Society, London 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.

6 Change in accounting principles

The accompanying 1995 financial statements have been prepared in conformity with the provisions of Statements of Financial Accounting Standards No. 116, ‘Accounting for Contributions Received and Contributions Made,’ and No. 117, ‘Financial Statements of Not-For-Profit Organizations’. The primary changes in the financial statements include classification and recognition of restricted revenue upon receipt as an addition to temporarily restricted assets, transfer of restricted revenue to unrestricted net assets when the expenses are incurred, classification of all expenses as unrestricted, reclassification of deferred revenue as temporarily restricted nets assets and changes in nomenclature through out the financial statements, both as to the names of the financial statements themselves and the use of the term net assets in lieu of fund balances. In addition, ADI adopted accrual accounting for reporting purposes. The beginning net assets have been restated for the effect of these changes as follows:

| Net assets as previously recorded | 173,672 |
| Net assets as restated            | 140,202 |
| Decrease in net assets due to restatement | 33,470 |

See accompanying notes