



# Annual Report

## 2016–2017



**Alzheimer's Disease  
International**

*The global voice on dementia*



**Our vision is prevention, care and inclusion today, and cure tomorrow**

**Our Mission** is to strengthen and support Alzheimer associations, to raise awareness about dementia worldwide, to make dementia a global health priority, to empower people with dementia and their care partners, and to increase investment in dementia research.

## Chair's report

Glenn Rees AM



The year started on a positive note with the request from the Executive of the World Health Organisation for the development of a dementia plan and ended on a high with the adoption by the WHO Assembly of the Global action plan on the public health response to dementia in May 2017.

The key responsibilities of a Board are the appointment of the CEO and good governance, including budget management. ADI was fortunate in attracting Paolo Barbarino as the new CEO after an exhaustive executive search which attracted 180 applications.

A milestone was the appearance of ADI and Dementia Alliance International in August before the Committee on the Convention of the Rights of Persons with Disabilities (CRPD). Having established beyond any doubt that people with dementia are included within the Convention, a brief was prepared for ADI members setting out how they could monitor the rights of people with dementia under the Convention.

The challenge to ADI and our Membership from the Global action plan and in respect of the CRPD is to translate the opportunities we have into improved quality of life for people with dementia. Dementia plans are an opportunity to tackle issues such as timely assessment, post diagnostic support, expansion of community and home-based services and improvements in dementia care in hospitals.

The pre-condition for improving the quality of life of people with dementia is a decrease in stigma, increased opportunities for social engagement and equal access to the services we all enjoy. Dementia friendly communities are an important means to that end and I welcome the focus on this work within the ADI family.

My thanks to the Board and staff for their hard work.

Glenn Rees

## CEO report

Paola Barbarino



**A**s we look back on the last year, we can reflect on a number of events that have helped to shape a new era in dementia understanding, care and science. Critical to this was the adoption of the *Global action plan on the public health response to dementia* in May 2017, containing seven targets including dementia treatment and research, improving awareness, dementia friendliness, risk reduction, information, and care and support. As the new CEO of ADI, it was my greatest pleasure to attend the adoption of the plan in my first weeks at ADI, to witness this historic moment and to make a statement to the World Health Assembly.

The development of a global plan has been an aim of ADI for almost a decade. It contains a target for 75% of all Member States to develop their own plans on dementia – the single most powerful way to extend support for those affected and enact change from the global to local level. In 2017, dementia plans had been developed in 29 countries, including this year in Argentina, Greece and Macau SAR. Bill C-233 has been passed in Canada, marking the start of this process. We need to do a lot more – 118 more plans are needed by 2025.

2016-2017 has also marked a more active collaboration with DAI, to advocate for the human rights of people with dementia. On the 10th Anniversary of the Convention on the Rights of Persons with Disabilities (CRPD), the two organisations united to host a side event to the 16th session of the United Nations CRPD Committee in Geneva, including publishing a joint publication, '*Access to the United Nations Convention on the Rights of Persons with Disabilities by people living with dementia*'.

ADI has continued to strengthen our members and to bring the global community together. New members in Bolivia, Gibraltar, Kenya, Namibia and the United Arab Emirates joined the ADI family in April 2017, bringing the total number of associations to 90. World Alzheimer's Month in September 2016 was marked by events in over 60 countries and featured the publication of our latest World Alzheimer Report, *Improving healthcare for people living with dementia: Coverage, quality and costs now and in the future*.



We continued to host the Alzheimer University programme with new and existing members, in Greece, Kenya, UK and the USA. The 32nd International Conference of ADI in Kyoto, Japan, attracted over 3000 delegates from around the world, featuring a diverse range of presentations, a focus on dementia friendliness and innovation, and the launch of the first-ever Dementia Readiness Index by the Global Coalition on Aging and ADI.

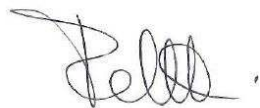
Regional Conferences in Asia Pacific, Sub-Saharan Africa, and the Caribbean continued to aid the development of new and existing members, including a focus on training, exchange of knowledge and best practise.

In 2018, we look forward to furthering our support for the development and monitoring of the WHO Global Dementia Observatory that will support the momentum of the Global plan on dementia. We are preparing to welcome new staff to the ADI team in London and in our regional offices and are starting to pull together an even more diverse programme of sessions and engaging presenters for our next conference in Chicago, USA.

As the new CEO of ADI, I am delighted to have been able to meet the majority of our members in this time, and to have developed our new action plan centred on three main objectives:

- Raising awareness to combat stigma;
- Strengthening membership including the development of solid national and regional networks;
- Focus on encouraging the adoption of national action plans that are comprehensive, funded and monitored.

We would like to thank all of the associations, the ADI board and advisors who make up the ADI family, partners and sponsors who have made this journey possible in 2016-2017. We are especially grateful for the support of Dementia Alliance International and all people living with dementia and their care partners who shape, and remain at the core of, our vision.



## **Elected Board**

### **AS AT JUNE 2017**

Mr Glenn Rees, Australia, Chair  
Mr Dale Goldhawk, Canada, Vice Chair  
Mr Andrew Ketteringham, UK, Treasurer  
Dr Serge Gauthier, Canada, Chair, Medical and Scientific Advisory Panel (MSAP)  
Ms Faraneh Farin, Iran  
Mr John Grosvenor, UK  
Dr Mariella Guerra, Peru  
Dr Ang Peng Chye, Singapore  
Ms Birgitta Martensson, Switzerland  
Mr Gerald Sampson, USA  
Ms Kate Swaffer, Australia

## **President**

### **AS AT JUNE 2017**

Princess Yasmin Aga Khan, USA

## **Honorary Vice Presidents**

### **AS AT JUNE 2017**

Dr Daisy Acosta, Dominican Republic  
Prof Henry Brodaty, Australia  
Ms Wendy Fleming, New Zealand  
Dr Nori Graham, UK  
Mr Brian Moss, Australia  
Dr Jacob Roy, India

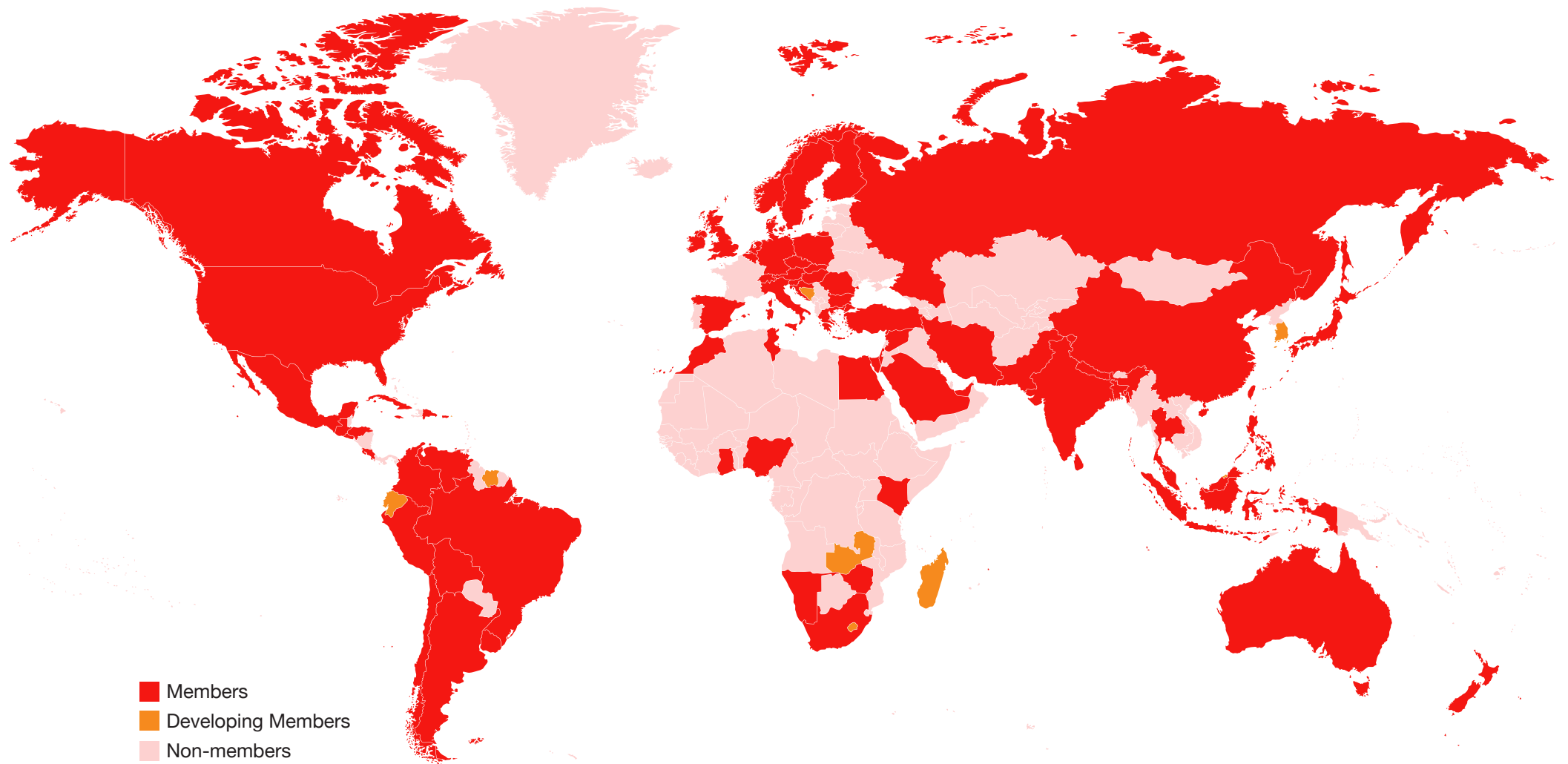
## **Staff**

### **AS AT DECEMBER 2017**

Paola Barbarino, CEO  
Chris Lynch, Policy, Communications and Publications Director and Deputy CEO  
Michael Lefevre, General Manager  
Jane Cziborra, Head of Events  
Anastasia Psoma, Fundraising and Membership Manager  
James Smith, Communications and Policy Officer  
Sarah Kerr, Publications Officer  
Katie Bingham, Events and Administration Assistant  
Annie Bliss, Communications and Administration Assistant  
DY Suharya, Regional Director, Asia Pacific  
Joost Martens, Regional Director, Americas

Thanks to previous staff who contributed during 2016-17: Marc Wortmann, Saskia Dean and Johan Vos.

## Global voice on dementia in 90 countries



# Members

AS AT JUNE 2017

## Africa

Alzheimer's and Related Disorders Association  
Ghana  
Alzheimer's & Dementia Organisation Kenya  
Alzheimer Dementia Namibia (AND)  
Alzheimer Association Mauritius  
Alzheimer's Disease Association of Nigeria  
Alzheimer's South Africa  
Zimbabwe Alzheimer's and Related Disorders  
Association

## Americas

Asociación de Lucha contra el Mal de Alzheimer  
(Argentina)  
Fundacion Alzheimer Aruba (FAA)  
Barbados Alzheimer's Association  
Alzheimer's Family Support Group (Bermuda)  
Asociación Alzheimer Bolivia  
FEBRAZ (Brazil)  
Alzheimer Society of Canada  
Alzheimer's and Dementia Association of the  
Cayman Islands  
Corporación Alzheimer Chile  
Asociacion Colombiana de Alzheimer (Columbia)  
Asociación Costarricense de Alzheimer y otras  
Demencias Asociadas (Costa Rica)  
Sección Cubana de la Enfermedad de Alzheimer  
(Cuba)  
Stichting Alzheimer Curaçao  
Asociacion Dominicana de Alzheimer (Dominican  
Republic)  
Asociacion de Familiares Alzheimer de El Salvador  
ERMITA (Guatemala)  
Asociación Hondureña de Alzheimer (Honduras)  
Alzheimer's Jamaica  
Federacion Mexicana de Alzheimer (Mexico)  
Asociacion Peruana de Enfermedad de Alzheimer y  
Otras Demencias (Peru)

Asociacion de Alzheimer de Puerto Rico  
Sint Maarten Alzheimer Association  
Alzheimer's Association of Trinidad and Tobago  
Alzheimer's Association (USA)  
Asociación Uruguaya de Alzheimer y Similares  
(Uruguay)  
Fundacion Alzheimer de Venezuela

## Asia Pacific

Alzheimer's Australia  
Alzheimer Society of Bangladesh  
Alzheimer's Disease Chinese  
Hong Kong Alzheimer's Disease Association  
Alzheimer's and Related Disorders of India  
Alzheimer Indonesia  
Alzheimer's Association Japan  
Macau Alzheimer's Disease Association  
Alzheimer's Disease Foundation Malaysia Alzheimer  
and Related Dementia Society Nepal  
Alzheimers New Zealand  
Alzheimer's Disease Association of the Philippines  
Alzheimer's Pakistan  
Alzheimer's Disease Association Singapore  
Alzheimer's Association Korea (Republic of)  
Lanka Alzheimer's Foundation (Sri Lanka)  
TADA Chinese Taipei  
Alzheimer's and Related Disorders Association of  
Thailand

## Europe

Alzheimer's Disease Armenian Association  
Alzheimer Austria  
Ligue Alzheimer asbl (Belgium)  
Compassion Alzheimer Bulgaria  
Alzheimer Croatia  
Pancyprian Association of Alzheimer's Disease  
(Cyprus)  
Ceska Alzheimerovska Spolecnost (Czech  
Republic)  
Alzheimerforeningen (Denmark)  
Muistiliitto ry (Finland)  
Deutsche Alzheimer Gesellschaft (Germany)

Gibraltar Alzheimer's & Dementia Society  
Panhellenic Federation of Alzheimer's Disease and  
Related Disorders (Greece)  
Hungarian Alzheimer Society  
The Alzheimer Society of Ireland  
Federazione Alzheimer Italia (Italy)  
Association Monégasque pour la recherche sur la  
maladie d'Alzheimer (Monaco)  
Association of Alzheimer Disease - Skopje  
Macedonia  
Malta Dementia Society  
Alzheimer Nederland (Netherlands)  
Nasjonalforeningen for folkehelsen (Norway)  
Polish Alzheimer's Association  
Romanian Alzheimer Society  
Help for patients with Alzheimer's disease and their  
families (Russia)  
Alzheimer Scotland  
Slovak Alzheimer's Association (Slovak Republic)  
Spominčica (Slovenia)  
CEAFA (Spain)  
Alzheimerforeningen i Sverige (Sweden)  
Association Alzheimer Suisse (Switzerland)  
Turkish Alzheimer Society and Foundation  
Alzheimer's Society (England, Wales, NI)

## Middle East and North Africa

Egyptian Alzheimer Society  
Iran Alzheimer's Association  
Alzheimer's Association of Israel  
Alzheimer's Association Lebanon  
Association Marocaine d'Alzheimer et Maladies  
Apparentées (Morocco)  
Saudi Alzheimer's Disease Association  
Syrian Alzheimer and Memory Diseases Society  
Association Alzheimer Tunisie (Tunisia)  
4get-me-not Alzheimer's Organization (UAE, Dubai)

## Making dementia a global health priority

**In June, the Canadian government passed private members' Bill C-233, committing to the development of the 30th National plan on dementia since 2005. It followed landmark plans in Argentina, Greece and Macau SAR in 2016 and 2017.**

National plans remain the single most powerful tool for addressing dementia in every country. They outline the commitment of a government to raise awareness and act. Good plans create a strong relationship between those affected, policy makers and real change at the local level – taking account of the unique communities in which they are implemented.

The adoption of a Global plan on dementia in May adds serious weight to the development of national plans in more countries. *'Making dementia a Global Health Priority'*, the first target of the plan, calls for 75% of WHO member states (146 states) to establish policies on dementia. Other targets include establishing training for care partners, public health campaigns and regular reporting on dementia. ADI has advocated for the development of a global response for over a decade. In 2016, ADI and over 40 associations united with partners including Alzheimer Europe, Dementia Alliance International and Global Alzheimer's and Dementia Action Alliance (GADAA) to provide feedback on a draft version of the plan. This resulted in the inclusion of strengthened elements on palliative care, rehabilitation and measurement of quality of care outcomes for dementia in the plan.

The adoption of the plan was accompanied by a side event to the World Health Assembly, in partnership with the Swiss Federal Office of Public Health and GADAA.

***"Making the link between human rights and practical action is critical if people with dementia are to exercise their rights in respect of a diagnosis, post diagnostic support, access to paid and voluntary employment, education and social activities."*** Glenn Rees, Chair of ADI

Throughout the year, ADI worked with DAI to support the greater recognition of human rights for all people living with dementia. In August 2016, both organisations attended the 16th session of the United Nations Committee on the Convention for the Rights of Persons with Disabilities (CRPD), where we launched a new paper, *'Access to CRPD and SDGs by persons with dementia'*.

In 2016 and 2017, this was supported by the development of a brief for Alzheimer associations, and attendance at the Open-Ended Working

Group on the Rights of Older Persons in New York and CRPD Committee in Geneva.

In November, ADI made a statement to the Expert Meeting on the Charter of San Jose on the Rights of Older people in Latin America and the Caribbean, in support of ongoing work towards an international convention to protect the rights of older persons.

### Targets of the WHO Global action plan on the public health response to dementia 2017-2025

- **Dementia as a public health priority**  
75% of Member States to develop national plans, frameworks or policies on dementia or to integrate dementia into other plans by 2025
- **Dementia awareness and friendliness**  
All Member States to develop public awareness campaigns and half to at least one dementia friendly initiative by 2025
- **Dementia risk reduction**  
Achievement of targets on physical activity, tobacco and alcohol use, blood pressure and cardiovascular disease in the Global plan on NCDs 2013–2020 by 2025
- **Dementia diagnosis, treatment, care and support**  
Half of Member States to achieve at least 50% diagnosis rate for dementia by 2025
- **Support for dementia carers**  
75% of Member States to provide training for carers and families of people with dementia by 2025
- **Information systems for dementia**  
50% of countries to collect and report on a core set of dementia indicators through their national health and social information systems
- **Dementia research and innovation**  
Global research output on dementia to double between 2017 and 2025.



## Reducing stigma

**C**hallenging the stigma that surrounds dementia remained at the core of our activities in 2016 and 2017. World Alzheimer's Month and the ADI International Conference continued to raise awareness, led by the participation of international delegates, speakers and partners in over 70 countries.



World Alzheimer's Month memory walk in Mauritius

The ADI Conference returned to Kyoto, Japan, where 3,000 people came together for a diverse programme of over 50 sessions and 400 posters on the latest care, science and understanding in dementia. Each day of the conference featured the voices of those affected; including powerful

presentations by young care givers, on end of life care, human rights and sexuality and dementia. On the third day of the conference, the conference exhibition was opened to 1,000 members of the public.

During September, the hashtags #WorldAlzMonth and #RememberMe gained over 3 million impressions online, supported by materials and key messages on the theme of earlier diagnosis of dementia, and new toolkits aimed at increasing the participation of other international charities. ADI's messages were shared widely, including receiving support from his Holiness, the Pope, in a special address on caring for dementia.



World Alzheimer's Month also featured Siemens *Big Summer Cycle*. Over 60 cyclists took part in the campaign to ride over 2,400km through 15 countries, raising USD \$60,000 split equally between ADI and two other charities.

Throughout the year, ADI and associations attended numerous meetings to raise awareness and to encourage high level engagement with dementia. At these and other opportunities, ADI continued to highlight the importance of dementia in the growing momentum to address Non-Communicable Diseases, in partnership with NCD Alliance.

Regional meetings led by ADI in Africa and Asia Pacific were accompanied by the Alzheimer Europe and Alzheimer Iberoamerica annual conferences, where ADI and associations featured in a range of presentations including on stigma and awareness.

ADI also launched new publications, including updates to our *Influencing public policy* and *Help for care partners of people with dementia* booklets that were shared widely. The World Alzheimer Report 2016 was launched during World Alzheimer's Month (see 'Facilitating Research').



## Strengthening Membership

**I**n April 2017, the ADI family welcomed new members in Gibraltar, Kenya, Namibia, United Arab Emirates and Bolivia, bringing the total number of ADI associations to 90. A new regional office, to mirror the success of the Asia Pacific Regional Office based in Singapore, was initiated, to bring ADI closer to members in the Americas.



ADI's Alzheimer University programme was held in Athens, London, Washington DC and Wellington, supporting 82 individuals from associations in 30 countries to participate in key training workshops on strengthening association capacity, fundraising, raising awareness and influencing policy.

In London, the ADI team were joined by representatives from the British Virgin Islands, Bosnia and Herzegovina, United Arab Emirates, Lesotho, Myanmar, Republic of Korea and Zambia who embarked upon the two-year ADI Membership Development Programme after presenting work plans incorporating the three days of learning.

ADI regional conferences in New Zealand and Trinidad and Tobago also provided a further opportunity for associations in both regions to come together and share best practice. The ADI Asia Pacific Regional Office



and Alzheimers New Zealand hosted the 19th Asia Pacific Conference of ADI in Wellington, which included sessions on the impact of dementia, the latest advances in dementia care and research and dementia friendly communities. A keynote address on day one of the conference was given by Mick Carmody, Vice Chair of DAI, from Australia. Glenn Rees, Chair of ADI, presented on human rights and dementia.

Representatives from 15 countries also met at the annual Asia Pacific Region Business meeting on the first day of the conference, where DY Suharya was welcomed as the new Regional Director of ADI's Asia Pacific Regional Office, following the success of the office's first three years led by Francis Wong. The meeting included presentations on the highlights of each country's governance, World Alzheimer's Month activities and dementia friendly campaigns.

A regional conference in Port of Spain in Trinidad complemented the 9th annual Alzheimer Iberoamerica Congress held in San José, Costa Rica. Both conferences examined the regional response to the dementia, including high level support from the Pan American Health Organization (PAHO) and the Ministry of Health in Costa Rica. In September, ADI held the first Sub-Saharan African conference for some time, in Abuja, Nigeria. Delegates and dignitaries from 13 countries attended the conference that included representatives from World Dementia Council, King's College London and World Young Leaders in Dementia (WYLD).

Throughout the year, ADI continued to support the activities of members, including facilitating involvement in ADI projects and international meetings.



## Facilitating Research

**A**DI continued to encourage and facilitate research, including through the activities of ADI's Medical and Scientific Advisory Panel (MSAP) and the 10/66 Dementia Research Group.

The World Alzheimer Report 2016 was launched in September, calling for a global transformation in healthcare for people living with dementia (see box).

The WHO Global plan on dementia, adopted in April 2017 contains a target to double the research output on dementia by 2025, and development of a Global Dementia Observatory to track the international data on responses to each area of the plan, including prevalence and diagnostic rates.

In 2016-17, the 10/66 Group was active in China, Venezuela, Peru, Mexico, Puerto Rico, Cuba and the Dominican Republic, including work on new assessments that could recognise frailty as a factor in the possible development of dementia in low and middle-income countries. The Life2Years1066 project also used new data to identify those at risk of dependency.

ADI also worked closely with the OECD on the theme of innovation and drug development, with the Global Brain Health Initiative and others, including participating in the annual Lausanne Consortium where the vision for a disease-modifying treatment by 2025 united discussion between industry and civil society.

Throughout the year, ADI communications regularly highlighted the need for increased research on dementia, including a focus on low and middle income settings, impact on society, access to care, research collaboration and future preparedness.

At the ADI Conference in April 2017, ADI jointly launched the first ever *Dementia Innovation Readiness Index* with the Global Coalition on Aging, which reviewed the existing and possible prevention, treatment of or care for dementia in the G7 countries.

The 'World Alzheimer Report 2016, Improving healthcare for people living with dementia: Coverage, quality and costs now and in the future' reviews research evidence on existing elements of healthcare for people with dementia and, using economic modelling, suggests how it should be improved and made more efficient.

The report shows that a greater role for non-specialist primary care staff could increase coverage of diagnosis and services for people with dementia and reduce the cost of care per person by up to 40% - but that healthcare systems must be transformed to provide dementia care that is continuous, coordinated and holistic. The report shows that improving dementia care could be affordable by 2030 if there is political will to effect necessary change.

The report was researched and authored by Prof Martin Prince, Ms Adelina Comas-Herrera, Prof Martin Knapp, Dr Maëlen Guerchet and Ms Maria Karagiannidou from The Global Observatory for Ageing and Dementia Care, King's College London and the Personal Social Services Research Unit (PSSRU), London School of Economics and Political Science.



## Dementia Alliance International

**Kate Swaffer, Chair, CEO & Co-founder of DAI**

**D**ementia Alliance International (DAI) now represents members from 44 countries, which is such progress from our humble start by eight people diagnosed with dementia wanting to advocate globally as a team and provide support for others with dementia. DAI is proud of what it has achieved, and thanks its members, as well as past and current Board members and Action Group members.

DAI members were well represented in Kyoto at the ADI 2017 conference, and at the ADI Regional meeting hosted by Alzheimers New Zealand. I have represented ADI and DAI in my mentoring role in the SE Asia Region at a number of meetings in Taipei and Japan, supporting their local ADI offices to empower people with dementia to self-advocate.

DAI's work on claiming the Human Rights for all people with dementia – meaning we are legally entitled to be included, and not just consulted or represented by others – continues. DAI was represented at the World Health Assembly, in tandem with Professor Peter Mittler, when the WHO Global action plan on the public health response to dementia 2017-2025 was unanimously adopted in May. A number of members have also been busy with the continued pursuit of a human rights-based approach to dementia, and many people with dementia have attended various WHO meetings and forums in Geneva. DAI has also become a full member of the Conventions of State Parties, and in March 2018, will apply to be in official relationships with the WHO.

Many national and local Dementia Working Groups are either increasing their presence, or being set up, ensuring the voices of people with dementia and our families are being heard in more countries around the world.

DAI continues to welcome new members and is finding the growth of our support groups, to be a unique free global service actively supporting and empowering our members to live with a better quality of life. Our sincere thanks to everyone for their continuing dedication to improving the lives of people with dementia and our families.



*Nothing about us, without us.*

## Treasurer's report

**Andrew Ketteringham**



Following two years of increasing our net assets, I'm afraid that this year I have to report that for the year ended 30th June 2017, there was a reduction of \$239,000. This year the later annual meeting means that I am reporting on figures that are over 12 months old. I'm pleased to say that many of the issues which resulted in the reduction in reserves in 2017 have been reversed in the year to June 2018.

The reason for the reduction in 2017 is that the ambitious programme we had put in place was simply not matched by increasing income. I have no hesitation in saying that Alzheimer's Disease International is the single most significant global advocate for people living with dementia. We have made huge progress in bringing this issue to the attention of governments around the world and can take a lot of credit for the global plan agreed by the World Health Organization in May 2017.

So, we have advanced the cause of the millions of people living with dementia, but it has come at a cost. We must continue our work, but we will have to address the issue of income and new programmes cannot be put in place without new money. Progress has been made on this in the past twelve months, particularly increasing unrestricted income. A new fundraiser has been appointed and the board are now addressing the question of balancing expenditure and income.

We greatly appreciate the trusts, foundations, corporations and individuals who support our work, some of whom are listed on the back page. We are also grateful to our members for their continued financial support. We understand that in donating money to us or paying dues they put their trust in us to use their money wisely. Fortunately, we had increased our reserves in recent years, which has allowed us to report a deficit this year. But that is not sustainable. We have now to increase income so that we do not reduce the support we give members or the advocacy on behalf of those with dementia.

Finally, I want to thank our staff, board and volunteers for helping us to deliver our objectives; it is important that we give you the resource to continue this work.



## Statement of Financial Position

As at June 30, 2017

	Unrestricted \$	Temporarily Restricted \$	Total \$
<b>Assets</b>			
<b>Current Assets</b>			
Cash	335,388	-	335,388
Accounts Receivable	697	-	697
Grants & Contributions Receivable (Net of Allowance for Uncollectible Accounts of \$10,000 for 2017 and \$30,000 for 2016)	-	299,262	299,262
Prepaid Expenses and Other	20,308	-	20,308
<b>Total Current Assets</b>	<b>356,393</b>	<b>299,262</b>	<b>655,655</b>
<b>Property and Equipment</b>			
Furniture and Equipment	41,771	-	41,771
Less Accumulated Depreciation	(37,882)	-	(37,882)
<b>Net property and equipment</b>	<b>3,889</b>	<b>-</b>	<b>3,889</b>
<b>Other Assets</b>			
Interfund Balance	(109,944)	109,944	-
<b>Total Assets</b>	<b>250,338</b>	<b>409,206</b>	<b>659,544</b>
<b>Liabilities and Net Assets</b>			
<b>Current Liabilities</b>			
Accounts Payable and Accrued Liabilities	218,555	-	218,555
<b>Net Assets</b>	<b>31,783</b>	<b>409,206</b>	<b>440,989</b>
<b>Total Liabilities and Net Assets</b>	<b>250,338</b>	<b>409,206</b>	<b>659,544</b>

### Income

ADI is a 503(c)(3) non-profit organisation, incorporated in the state of Illinois, USA.

The figures in this report are for the 2016-17 year, which ended on 30 June 2017.

ADI member Alzheimer associations pay dues according to their own income. ADI also receives contributions and grants from corporations, foundations, trusts and individuals. The ADI conference is supported by sponsorship and participants' registration fees.

ADI also receives support from Friends of ADI, a UK-registered charity. 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.

## Statement of Activities and Changes in Net Assets

For the Year Ended June 30, 2017

	Unrestricted Funds \$	Temporarily Restricted Funds \$	Total \$
<b>Support and Revenue</b>			
Dues	425,526	-	425,526
Contributions and Grants	199,539	509,811	709,350
Conference Revenue	1,480,918	-	1,480,918
Interest and Other	1,311	-	1,311
In-Kind Contributions	7,237	-	7,237
Gain (Loss) on Currency	3,601	-	3,601
Loss on Sale of Property and Equipment	(161)	-	(161)
<b>Net Assets Released from Restrictions:</b>			
Satisfaction of Program Restrictions	515,800	(515,800)	-
<b>Total Support and Revenue and Assets Released from Restrictions</b>	<b>2,633,771</b>	<b>(5,989)</b>	<b>2,627,782</b>
<b>Expenses</b>			
<b>Program Services</b>			
Conference	1,569,826	-	1,569,826
Information	42,317	-	42,317
Member Support and Development	473,743	-	473,743
Promotion and Awareness	520,667	-	520,667
Research	37,418	-	37,418
<b>Total Program Services</b>	<b>2,643,971</b>	<b>-</b>	<b>2,643,971</b>
<b>Support Services</b>			
General and Administration	170,162	-	170,162
Fund Raising	58,549	-	58,549
<b>Total Support Services</b>	<b>228,711</b>	<b>-</b>	<b>228,711</b>
<b>Total Expenses</b>	<b>2,872,682</b>	<b>-</b>	<b>2,872,682</b>
<b>Change in Net Assets</b>	<b>(238,911)</b>	<b>(5,989)</b>	<b>(244,900)</b>
<b>Net Assets, Beginning of Year</b>	<b>270,694</b>	<b>415,195</b>	<b>685,889</b>
<b>Net Assets, End of Year</b>	<b>31,783</b>	<b>409,206</b>	<b>440,989</b>

These figures are extracts from the financial statements which are available in full from [www.alz.co.uk/financials](http://www.alz.co.uk/financials)

'Member support and development' includes the Alzheimer University training programmes 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 Month, and ADI staff and Elected Board members also take part in other conferences and meetings to promote our work and our cause. This also includes ADI's public policy work, including the *World Alzheimer Report*. The spending on 'Research' is mainly through support of the Global Observatory for Ageing and Dementia Care at King's College London. There is a heading for the ADI International 'Conference'.



## Thank you

- Eli Lilly
- Biogen
- F. Hoffman le Roche
- Nestlé Skin Health
- Janssen
- GE Healthcare
- Swiss Federal Office of Public Health
- Friends of ADI
- Axovant
- Bader Philanthropies
- MSD
- Otsuka
- Home Instead
- Nutricia Advanced Medical Nutrition
- John S Latsis Foundation
- TIMA Charitable Foundation
- AbbVie
- Lundbeck
- PhRMA
- Mailability
- Siemens AG

and our member associations.



**Alzheimer's Disease  
International**

*The global voice on dementia*

