



Annual Report

2017–2018



**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 2017/18 year saw the first steps in the implementation of the WHO's Global action plan on the public health response to dementia.

With strong support from Members we succeeded in having dementia included in the WHO draft 13th General programme of work 2019-2023. That was so important to sustain the momentum.

ADI took the initiative in monitoring the plan from the viewpoint of civil society by publishing the first Plan to Impact report at a side event at the 71st World Health Assembly.

By the end of the year there were 31 plans in place and 30 in progress. A new plan was implemented by Qatar. New plans during the year were put in place by Canada, Chinese Taipei and Chile. A long way to go in implementing plans with funding but much should be possible by 2025.

The Board has taken further steps in giving priority to low- and middle- income countries (LMIC) including an ADI regional director in the Americas as well as the Asia Pacific, the publication of the Impact of Dementia in sub-Saharan Africa and participation in the exciting STRiDE project on strategies for dementia care in LMIC countries. ADI is proving it can support members more effectively through regional directors – more are needed in other regions as funds are generated by ADI and members.

I hope you are all as proud of ADI as I am. As an organisation with a membership approaching 100 countries and a business model positioned to tackle dementia at the international and national levels, we have credibility as an organisation representing the interests of people with dementia and their care partners. I am delighted that under Paola's leadership we are communicating more effectively the work of ADI and its Members and with it a wider understanding of the human face of dementia.

The willingness of the former President of Costa Rica, Luis Guillermo Solís Rivera, and Queen Sofia of Spain to become Honorary Ambassadors of ADI is testament to the importance of dementia as an issue and the work of ADI.

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

Glenn Rees



CEO report

Paola Barbarino

This is my first full annual report as the CEO of ADI. It is always strange to be writing in 2019 about what happened in 2017 but also a great opportunity to reflect. This will be a message of thanks to the many that believed in my vision for the organisation as I stepped in, and who supported us practically and financially to make it happen.

That vision required us to scale up our effort at international and multilateral level while at the same time increasing our presence nationally, through our wonderful members, and regionally. The objective was to ensure that the great ambitions spelled out so clearly in the Global action plan on the public health response to dementia 2017-2025 would not just stay on paper but would be translated into practical advances for people with dementia and their families in each country.

It also required changing ADI to become more consumer friendly and more

outwardly open. Crucially, it implied mining the extraordinary pool of resources and ideas accumulated by the many who have preceded me and making those available to a wider public. Because (and I still firmly believe this is the case) we operate in a closed environment of people who understand what we are talking about, but we do need to bring our important message out to a wider audience for real change to happen.

This required more human resources and unrestricted funding to support them. Cue my wonderful team and our great sponsors to whom I will

The great ambitions spelled out so clearly in the Global action plan would be translated into practical advances.



always be grateful. The organisation has grown a lot since I started and I hope you will all agree with me that we have a world class team, each of them holding their own and successfully representing ADI in all possible ways. I am also fortunate to have a fantastic board and members who gladly will leave their country to go and help a member needing advice, persuade a government that they need to do more in our field, write a compelling piece, and raise awareness in all kind of environments. This is what allows ADI to have a much larger footprint that our modest resources would suggest.

Often these trips are at inconvenient times and in difficult circumstances but the spirit of solidarity of the ADI community is strong and we know that if we all pull together things will change for the better for all those living with the dementia and their families: our ultimate goal.

Thank you, I am so proud to lead such great organisation.



Elected Board

AS AT JUNE 2018

Mr Glenn Rees, Australia, Chair
Mr Dale Goldhawk, Canada, Vice Chair
Mr Andrew Ketteringham, UK, Treasurer
Dr Serge Gauthier, Canada, Chair of 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 2018

Princess Yasmin Aga Khan, USA

Honorary Vice Presidents

AS AT JUNE 2018

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

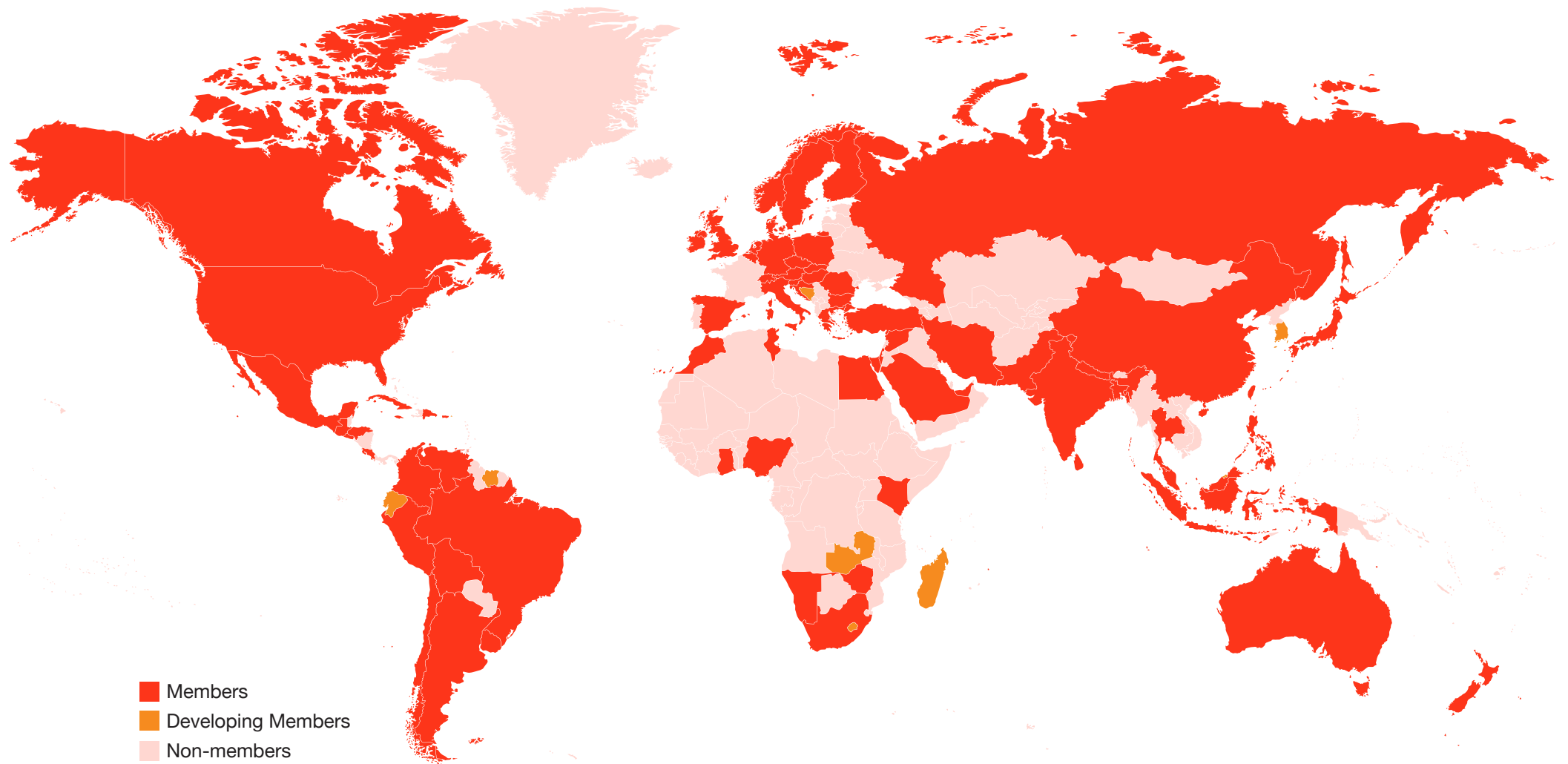
Staff

AS AT DECEMBER 2018

Paola Barbarino, CEO
Chris Lynch, Policy, Communications and Publications Director and Deputy CEO
Michael Lefevre, General Manager
Jane Cziborra, Head of Events
Laura Dabas, Membership Manager and Membership Development Programme Lead
Wendy Weidner, Research and Policy Project Lead
Nikki Bayliss, Head of Development
Annie Bliss, Communications and Policy Officer
Katie Bingham, Events and Administration Assistant
Jennifer McGowan, Communications and Administration Assistant
DY Suharya, Regional Director, Asia Pacific
Joost Martens, Regional Director, Americas

Thanks to previous staff who contributed during 2017-18: Anastasia Psoma, James Smith, Kate Elliott

The global voice on dementia in over 90 countries



Members

AS AT JUNE 2018

Argentina – Asociación de Lucha contra el Mal de Alzheimer (ALMA)

Armenia – Alzheimer's Disease Armenian Association

Aruba – Fundación Alzheimer Aruba (FAA)

Australia – Dementia Australia

Austria – Alzheimer Austria

Barbados – Barbados Alzheimer's Association

Belgium – Ligue Nationale Alzheimer Liga

Bermuda – Alzheimer's Family Support Group

Bolivia – Asociación Alzheimer Bolivia (AAB)

Bosnia Herzegovina – Udruženje AiR/Association AiR/ - Sarajevo

Brazil – FEBRAZ – Federação Brasileira de Associações de Alzheimer

Bulgaria – Foundation Compassion Alzheimer Bulgaria

Canada – Alzheimer Society of Canada

Cayman Islands – Alzheimer's and Dementia Association of the Cayman Islands

Chile – Corporacion Alzheimer Chile

PR China – Alzheimer's Disease Chinese

Costa Rica – Asociación Costarricense de Alzheimer y otras Demencias Asociadas (ASCADA)

Croatia – Alzheimer Croatia

Cuba – Sección Cubana de la Enfermedad de Alzheimer

Curaçao – Stichting Alzheimer Curaçao

Cyprus – Cyprus Alzheimer's Association

Czech Republic – Česká alzheimerovská společnost

Denmark – Alzheimerforeningen

Dominican Republic – Asociacion Dominicana de Alzheimer

Egypt – Egyptian Alzheimer Society

El Salvador – Asociacion de Familiares Alzheimer de El Salvador

England, Wales, NI – Alzheimer's Society

Finland – Alzheimer Society of Finland/Muistiliitto ry

Germany – Deutsche Alzheimer Gesellschaft

Ghana – Alzheimer's and Related Disorders Association Ghana

Gibraltar – Gibraltar Alzheimer's & Dementia Society

Greece – Panhellenic Federation of Alzheimer's Disease and Related Disorders

Guatemala – Asociación ERMITA, Alzheimer de Guatemala

Honduras – Asociación Hondureña de Alzheimer

Hong Kong SAR China – Hong Kong Alzheimer's Disease Association

Hungary – Hungarian Alzheimer Society

India – Alzheimer's and Related Disorders Society of India (ARDSI)

Indonesia – Alzheimer Indonesia

Iran – Iran Alzheimer's Association

Ireland – The Alzheimer Society of Ireland

Israel – Alzheimer's Association of Israel

Italy – Federazione Alzheimer Italia

Jamaica – Alzheimer's Jamaica

Kenya – Alzheimer's & Dementia Organisation Kenya

Japan – Alzheimer's Association Japan

Lebanon – Alzheimer's Association Lebanon

Lesotho – Dementia Lesotho

Macau SAR China – Macau Alzheimer's Disease Association

Macedonia – Association of Alzheimer Disease - Skopje Macedonia

Madagascar – ONG Madagascar Alzheimer

Malaysia – Alzheimer's Disease Foundation Malaysia

Malta – Malta Dementia Society

Mauritius – Alzheimer Association Mauritius

Mexico – Federación Mexicana de Alzheimer (FEDMA)

Monaco – Association Monégasque pour la recherche sur la maladie d'Alzheimer

Myanmar – Alzheimer's Association Myanmar

Namibia – Alzheimer Dementia Namibia (ADN)

Nepal – Alzheimer and Related Dementia Society Nepal

Netherlands – Alzheimer Nederland

New Zealand – Alzheimers New Zealand

Nigeria – Alzheimer's Disease Association of Nigeria

Norway – Nasjonalforeningen for folkehelsen

Oman – Oman Alzheimer's Society

Pakistan – Alzheimer's Pakistan

Peru – Asociacion Peruana de Enfermedad de Alzheimer y Otras Demencias (APEAD)

Philippines – Alzheimer's Disease Association of the Philippines

Poland – Polish Alzheimer's Association

Puerto Rico – Asociacion de Alzheimer de Puerto Rico

Republic of Korea – KAD (Korean Association for Dementia)

Romania – Romanian Alzheimer Society

Russia – Help for patients with Alzheimer's disease and their families

Saudi Arabia – Saudi Alzheimer's Disease Association

Scotland – Alzheimer Scotland

Singapore – Alzheimer's Disease Association Singapore

Sint Maarten – St. Maarten Alzheimer Foundation

Slovak Republic – Slovak Alzheimer's Association

Slovenia – Spominčica

South Africa – Alzheimer's South Africa

Spain – CEAFA

Sri Lanka – Lanka Alzheimer's Foundation

Sweden – Alzheimerforeningen i Sverige

Switzerland – Alzheimer Switzerland

Syria – Syrian Alzheimer and Memory Diseases Society

TADA Chinese Taipei

Thailand – Alzheimer's and Related Disorders Association of Thailand

Trinidad and Tobago – Alzheimer's Association of Trinidad and Tobago

Tunisia – Association Alzheimer Tunisie

Turkey – Turkish Alzheimer Society and Foundation

UAE – 4get-me-not Alzheimer's Organization

Uruguay – Asociación Uruguaya de Alzheimer y Similares (AUDAS)

USA – Alzheimer's Association

Venezuela – Fundación Alzheimer de Venezuela

Zimbabwe – Zimbabwe Alzheimer's and Related Disorders Association

Making dementia a global health priority

Following over 10 years of advocacy, in May 2017 the World Health Organization (WHO) adopted the Global action plan on the public health response to dementia 2017-2025.

The Global action plan contains seven action areas, the first of which is 'Dementia as a public health priority'. ADI is proud to have been an active partner providing input into the development of the Global plan, around the concepts, vision and measurements of the plan. The valuable, expert and personal input of Alzheimer associations, researchers, civil society, people with dementia and carers around the world, was truly inspirational. The key themes of inclusion and respect, timely diagnosis and continuous, quality care at all stages of the condition, including palliative care, are examples of some of the areas of the plan strengthened by this involvement, and from the achievements of the Alzheimer movement over a longer period.

ADI released two reports on the Global action plan. The first report, 'National Dementia Action Plans - Examples For Inspiration', produced with the support of the Swiss Federal Office of Public Health, outlines key examples and inspirations for the development of national plans on dementia, based on the implementation of the 20 plans in existence at the time of writing.

In the report *'From plan to impact'*, released at an official side event to the 71st the World Health Assembly in May

2018, ADI found that progress towards action area 1 of the Global plan has been slow. As of July 2018, 32 plans have been adopted, including 27 WHO Member States. This is only 18% of the WHO's target of plans in 146 Member States by 2025.

There are, however, some positive signs; 28 plans are in varying stages of development, from discussion to

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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.



draft plans being considered for adoption in WHO Member States. Plans in final stages in approximately 10 countries, including the Canadian plan, are not expected before early to mid-2019. Policies including dementia, featured under mental health, ageing and Non-Communicable Diseases (NCDs) have also been developed in an additional 5 countries. If all current policies and plans went on to be adopted or were replaced by new plans, only 41% of WHO Member States would have plans, falling short of the 75% target.

28 plans are in varying stages of development, from discussion to draft plans being considered for adoption in WHO Member States

ADI continues to aim to make dementia a global health priority at high-level policy conferences and events, including the OECD Health Committee, WHO Executive Board and World Health Assembly, mhGAP Forum and regional office meetings. Through a statement at the 67th session of the Committee in Budapest in June 2017, ADI urged European WHO member states to respond to the global plan on dementia. A statement submitted to the 142nd Session of the Executive Board resulted in the explicit mention of dementia in the draft 13th General programme of work 2019-

2023. ADI's official side event to the 71st World Health Assembly in Geneva was the only side event at the Assembly dedicated to highlighting dementia as a global health challenge.

The Global Ambassador programme was launched in order to ensure that collaborative, global action is taken to achieve the targets of the WHO's global action plan, and to support the global transformation of awareness for people living with dementia and their care partners everywhere.



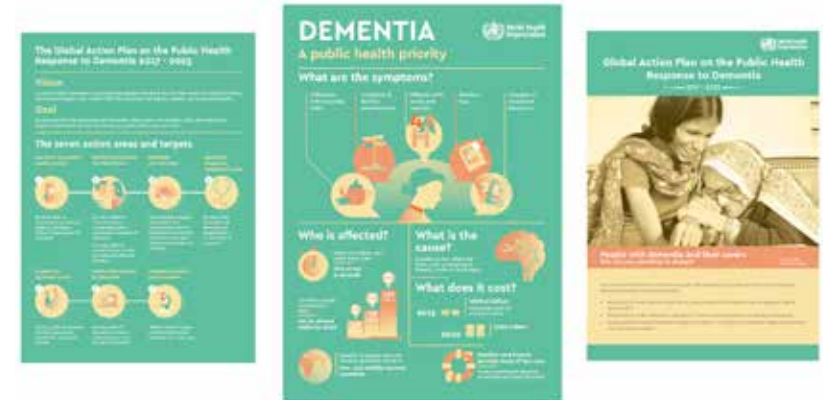
The former President of Costa Rica, Luis Guillermo Solís Rivera, became the first Honorary Ambassador of ADI in October 2017 and was joined by Queen Sofía of Spain in March 2018.

Planning for the 33rd International Conference of ADI in Chicago was well advanced in the year, with the plenary programme announced in January 2018.



Reducing stigma

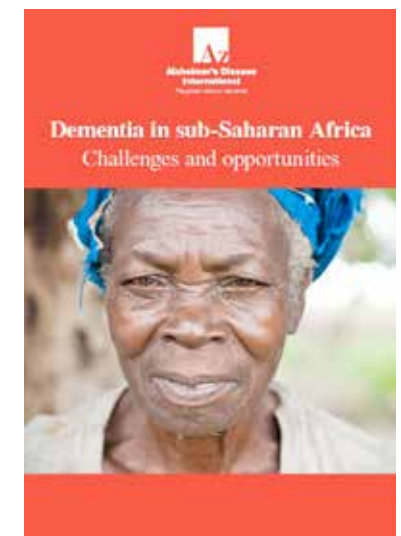
Challenging the stigma that surrounds dementia remained at the core of our activities in 2017 and 2018. The theme for World Alzheimer's Month in 2017 was 'Remember Me', encouraging individuals from all around the world to learn to recognise the warning signs of dementia and to advocate for earlier diagnosis for those affected. The hashtags #WorldAlzMonth and #WAM2017 made more than 800,000 impressions online, with a reach of 570,000 people during September. There were 47,000 impressions on World Alzheimer's Day. Events were held in over 50 countries during World Alzheimer's Month, including Memory Walks, conferences and public awareness campaigns, training and support for people living with dementia, their care partners and local services. One highlight was the launch of Dementia friendly mall in Kuala Lumpur thanks to the dedication of [Alzheimer's Disease Foundation Malaysia \(ADFM\)](#).



The World Health Organisation (WHO) actively promoted World Alzheimer's Month. The organisation tweeted to 3.9 million people on World Alzheimer's Day. Their messages were shared over 300 times. WHO marked World Alzheimer's Day with the publication of new materials on the Global plan on dementia, produced in partnership with ADI.

A brand-new ADI report, [Dementia in sub-Saharan Africa: Challenges and opportunities](#) was launched during World Alzheimer's Month at the 4th Sub-Saharan African Regional Conference in Nairobi, Kenya. The report highlights an stark lack of awareness in the region. It was followed by the announcement that the Kenyan government would develop a plan on dementia. ADI published an update to its [Dementia friendly communities](#) report highlighting examples of dementia friendly initiatives worldwide.

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.



Strengthening Membership

In April 2017, the ADI family welcomed new members in Lesotho, Madagascar, Oman, Myanmar, Republic of Korea and Bosnia and Herzegovina, bringing the total number of ADI associations to 94.



ADI's Alzheimer University programme was held twice in London, as well as in Guatemala and Sri Lanka, supporting individuals to participate in key training workshops on strengthening association capacity, advocacy, financial sustainability, and advocacy and marketing communications.

Three regional meetings took place in the year. The **4th Regional non-Latin Caribbean Conference on Alzheimer's and Dementia** was hosted by the Alzheimer's Association of Trinidad and Tobago and ADI in Port of Spain in June 2017. The two-day conference entitled 'Dementia in the Caribbean: No Time to Lose', held at the Radisson hotel, covered a range of topics, including recent developments in dementia policy on a global level, regionalisation of Alzheimer associations in the non-Latin Caribbean, challenges and opportunities in dementia care. Attendees also heard a first-hand account of what it is like to live with dementia, from the perspective of a care partner. An Alzheimer University workshop for ADI member associations took place ahead of the conference, with a focus on strengthening Alzheimer associations.

The 4th Sub-Saharan African Regional Conference of ADI took place in Nairobi in September 2017, organised in partnership with Alzheimer's Kenya. The conference was attended by delegates from across the region, including representatives of several African governments. The conference featured the first public speech by a person with dementia in the country and led to the important commitment from the Kenyan Ministry of Health to develop the region's first plan on dementia.

The 20th Asia Pacific Regional Conference of Alzheimer's Disease International (ADI) was hosted by **Alzheimer's Indonesia (ALZI)** in Jakarta in November 2017. The conference was attended by over 700 delegates, including representatives of associations in more than 20 countries who shared their knowledge and achievements in the region. Expert speakers presented on a range of topics throughout the conference, including prevention, diagnosis, and treatment of dementia, dementia care models, architectural design, awareness and policy. Workshops were held on care, dementia symptoms and rehabilitation, featuring the first ever young caregivers meeting with 130 participants. Indonesian Minister of Health, Nina Moeloek, spoke at the opening ceremony of the conference, urging a 'Life-Cycle Approach' to dementia that was emphasised in the conference theme. The conference was followed by the **Alzheimer University programme** on effective fundraising for associations from 12 countries.

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



Facilitating Research

ADI continued to encourage and facilitate research, including through the activities of ADI's Medical and Scientific Advisory Panel (MSAP), the 10/66 Dementia Research Group and the newly-launched STRiDE programme.

Action area 7 of the WHO Global action plan sets a target for the output of global research on dementia to double between 2017 and 2025, highlighting the importance of this area of ADI's work.

In September 2017, the London School of Economics and Political Science (LSE), Alzheimer's Disease International (ADI), Dementia Alliance International (DAI) and other partners announced the £7.7 million STRiDE project to build research capacity and provide much-needed evidence on dementia care in seven low- and middle-income countries. The project launched in March 2018.

ADI continues to support other global dementia research projects. We were encouraged that Bill Gates invested USD \$50 million in the Dementia Discovery Fund in November 2017. The Global Dementia Observatory (GDO) was launched by WHO in December 2017. ADI will support the WHO to gather data via our member associations and monitor data as it is uploaded to the online portal.

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.

ADI and OECD jointly launched a report on the state of dementia diagnosis and care: *Care Needed: Improving the lives of people with dementia* in June 2018, highlighting the lack of adequate diagnostic services and dementia training among primary health personnel practicing in OECD countries.

ADI responded to France's decision to discontinue to the reimbursement of four Alzheimer drugs by pledging to register anti-dementia drugs on WHO list of essential medicines.

At the end of the year, work was underway on the World Alzheimer Report 2018, on the theme of dementia research.

Dementia Alliance International

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

During 2017-2018, I was confident Dementia Alliance International has continued to play a significant role in ensuring human rights, the Convention on the Rights of Persons with Disabilities (CRPD) and dementia being seen as a disability remain a focus for dementia on the global stage. Alongside, or working actively with many other individuals and organizations, and following the unanimous adoption of the World Health Organization (WHO) Global action plan on the public health response to dementia 2017-2025 in Geneva in May 2017 at the World Health Assembly, DAI is committed to supporting countries to implement national plans aligned to this plan. There is now a lot of work to do, to ensure countries implement disability and rights, and we encourage Alzheimer's organisations and countries to engage with people with dementia and our families to ensure policy and practices are changed, and implemented. Working together, we can and will realise the much needed change.

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

I'm pleased to report that for the year ended 30th June 2018 we managed to turn around the poor financial performance of the previous year and achieved a net surplus income of \$72,000. It is not our aim, of course, to make a profit but we must avoid dipping into reserves and when possible add to our reserves to cover any period of stress.

The year under review was unusual as there was no annual conference. That was delayed until a few weeks after the year-end. Initially it looked as if the Chicago conference would significantly deplete our resources. I am pleased to say that, for a number of reasons, including help from one of our member associations, the conference broke even.

I reported last year that the ambitious programme of work we had put in place had not been matched by an increase in income. We have managed to reverse that position and at the same time been able to increase unrestricted income to the highest levels for many years. Unrestricted income is important to us as it enables us to respond to the unforeseen needs. It gives us a freer hand to respond quickly to those needs and, at the same time, cover some of our core costs. This trend continues and is part of a much greater understanding of our financial constraints. Some costs have increased, including the money we spend on fundraising, but the spend has produced good returns.

The cause of the millions of people living with dementia around the world remains at the heart of everything we do. Typically, we are supporting the need for more and better care, but we have still to raise the awareness of dementia and the impact it has, particularly in low and middle income countries. The work we are now doing in conjunction with the London School of Economics has been an essential element of this. So our policy programme is of immense importance and we need to ensure that the greater awareness also leads to more funding for research to seek for the eventual cure.

We very much appreciate those trusts, foundations, corporations and individuals that support the work of ADI. In particular we would like to thank those donors listed below. We are also grateful for the continuing support of all our member associations.

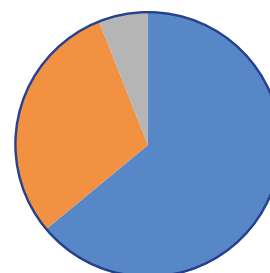
I would like to give thanks to the Chair, Council, Elected Board and particularly the staff and volunteers who endeavour to deliver ADI's objectives within our financial constraints.



Statement of Financial Position

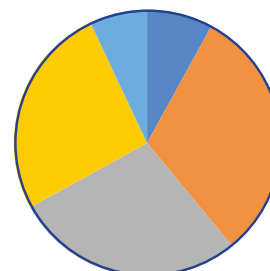
As at June 30, 2018

	Unrestricted \$	Temporarily Restricted \$	Total \$
Assets			
Current Assets			
Cash	687,999	-	687,999
Accounts Receivable	3,101	-	3,101
Grants & Contributions Receivable			
Grants and Contributions Receivable (Net of Allowance for Uncollectible Accounts of \$10,000)	52,500	201,313	253,813
Prepaid Expenses and Other	174,972	-	174,972
Interfund Balance	(265,095)	265,095	
Total Current Assets	653,477	466,408	1,119,885
Property and Equipment			
Furniture and Equipment	46,414	-	46,414
Less Accumulated Depreciation	(40,331)	-	(40,331)
Net property and equipment	6,084	-	6,084
Total Assets	659,561	466,408	1,125,969
Liabilities and Net Assets			
Current Liabilities			
Accounts Payable and Accrued Liabilities	120,300	-	120,300
Deferred Revenue	395,082	-	395,082
Total Current Liabilities	515,382	-	515,382
Net Assets	91,679	518,908	610,587
Total Liabilities and Net Assets	607,061	518,908	1,125,969



Income

Contributions and grants	64%
Dues	30%
Institutional funding	6%



Expenses

Conference	8%
Member Support and Development	31%
Promotion, Awareness and Information	28%
Administration and Fundraising	26%
Research	7%

Statement of Activities and Changes in Net Assets

For the Year Ended June 30, 2018

	Unrestricted Funds \$	Temporarily Restricted Funds \$	Total \$
Support and Revenue			
Dues	430,339	-	430,339
Contributions and Grants	407,352	515,020	922,372
Institutional Funding	93,805	-	93,805
Interest and Other	618	-	618
In-Kind Contributions	1,577	-	1,577
Gain (Loss) on Currency	(7,522)	-	(7,522)
Loss on Sale of Property and Equipment	9	-	(9)
Net Assets Released from Restrictions:			
Satisfaction of Program Restrictions	405,318	(405,318)	-
Total Support and Revenue and Assets Released from Restrictions	1,331,496	109,702	1,441,198
Expenses			
Program Services			
Conference	103,272	-	103,272
Information	35,371	-	35,371
Member Support and Development	390,175	-	390,175
Promotion and Awareness	327,918	-	327,918
Research	87,619	-	87,619
Total Program Services	944,355	-	944,355
Support Services			
General and Administration	222,221	-	222,221
Fund Raising	105,034	-	105,034
Total Support Services	327,245	-	327,245
Total Expenses	1,271,600	-	1,271,600
Change in Net Assets	59,896	109,702	169,598
Net Assets, Beginning of Year	31,783	409,206	440,989
Net Assets, End of Year	91,679	518,908	610,587

These figures are extracts from the financial statements which are available in full from www.alz.co.uk/financials

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 2017-18 year, which ended on 30 June 2018.

ADI member Alzheimer associations pay dues according to their own income. ADI also receives contributions and grants from corporations, foundations, trusts and individuals.

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.

'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 ADI's role in the STRiDE project. There is a heading for the ADI International 'Conference', which in this year mainly relates to staff costs in planning for future events.

Thank you

- Roche
- Janssen
- Eli Lilly & Company
- Eisai
- Otsuka America Pharmaceutical
- Biogen
- PhRMA
- MSD UK Ltd
- Home Instead
- GE Healthcare
- Nutricia Advanced Medical Nutrition
- Lundbeck International Neuroscience Foundation
- Anonymous Trust
- Helen Daniels Bader Fund, A Bader Philanthropy
- Swiss Federal Office of Public Health
- Mailability
- Friends of ADI

and all of our member associations.

