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Gifts of \$1,000 or greater between April 1, 2009 and March 31, 2010.

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## Circle of Hope - Ontario Members

Honouring those who have made a provision for a gift through a bequest, life insurance, annuity or trust arrangement.

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>• Anonymous</li> <li>• Anne-Marie Ambert</li> <li>• Wilhemina Bakkenes</li> <li>• M. Ballantyne</li> <li>• Deborah Barker</li> <li>• Sally Bennett Politidis</li> <li>• Jean-Guy Bourgeois</li> <li>• M. Blakely</li> <li>• R.N. Bose</li> <li>• Pauline de Champlain</li> <li>• Les Dakens</li> <li>• Brian Collins &amp; Amanda Demers</li> <li>• Kathy Dewling</li> <li>• Les Ficzer (in memory of Roza Ficzer)</li> <li>• Donald Hodges</li> <li>• Bettie-Jane de Jersey</li> <li>• William Johnson</li> <li>• Kit Julian</li> <li>• Holger Kluge</li> </ul> | <ul style="list-style-type: none"> <li>• Sandra G. Knight</li> <li>• Hanna &amp; Ben Levy</li> <li>• Nancy MacArthur</li> <li>• Charles and Peggy MacDonald</li> <li>• Al &amp; Marilyn MacLean</li> <li>• Craig Mellish*</li> <li>• Vaughan Minor</li> <li>• Kim Morgan</li> <li>• Douglas &amp; Joan Napier</li> <li>• Victor &amp; Blanche Norrington</li> <li>• Andrea Olson</li> <li>• Jeff Renaud</li> <li>• Helen Rotenberg (in memory of her sisters)</li> <li>• Steve &amp; Susan Rudin</li> <li>• Linda &amp; Bill Saul</li> <li>• E. Savage</li> <li>• Lois Martin and William Seeley</li> <li>• Ruth &amp; David Smorodinski</li> <li>• Jean E. Sonnenfeld</li> </ul> | <ul style="list-style-type: none"> <li>• Jean Spero</li> <li>• Ken Stead</li> <li>• Linda Stebbins</li> <li>• Laraine &amp; Richard Tapak</li> <li>• Beatrice Tittley</li> <li>• Bill Twaddle</li> <li>• Ernest &amp; Mavis Underwood</li> <li>• Rick Vader</li> <li>• Bep Vanderkooy</li> <li>• Jean Anne Verity</li> <li>• Jan Vicars</li> <li>• Heather E. Watt</li> <li>• Kathy Wright</li> </ul> |
|---|---|---|

\* Deceased

## Making an 'old' person's disease a young person's cause

They're smart. They're driven. They're agents of change. Amro Mohammad, Ahmed Aboushawish and Shamis Nabeel are three students at the University of Western Ontario who started the Alzheimer's Western Club (AWC) in January, and are playing an essential role in educating peers about dementia. Working alongside the Alzheimer Society London and Middlesex, the trio confesses **they're not just running a club, but understanding the disease and health care system enough to influence change for local families who are affected.** The club was founded by its current president, Ahmed Aboushawish, who lost his grandfather to the debilitating disease. But having a personal connection isn't the only reason why students have been signing up. Out of concern for an aging family member, thinking ahead of their own health, or simply wanting to give back to their community, the club has quickly caught on, attracting more than 60 members within days of its inauguration. Besides raising awareness, the AWC is learning about research by inviting local researchers to speak at their meetings, fundraising, and recruiting volunteers for the Society. More importantly, these students are bringing fresh new voices to dementia and inspiring others to follow their lead. Similar clubs are now underway Ottawa and Hamilton.

## Alzheimer's by the numbers

- Over 181,000 Ontarians have dementia today; that number will increase 40% by 2020
- The annual total economic costs (including direct, indirect and opportunity costs) will increase by more than \$770 million per year through 2020
- Families currently spend 87.1 million unpaid hours caring for people with dementia; that number will increase 65% by 2020
- Age is the biggest risk factor
- In 2011, the first baby boomers will turn 65
- Alzheimer's disease is the seventh leading cause of death in Canada

So this is fundamentally an issue of public policy and corporate responsibility. The immediate challenge is to have governments set a national agenda, involve public-health agencies, universities and colleges, and the private sector. All need to mobilize resources, and we need the latest scientific findings to prepare a program of education that refits them for their advancing years. The Alzheimer's Society has issued a wake-up call. We all need to listen.

**“The Alzheimer Society has issued a wake-up call. We all need to listen.”**

– The Globe and Mail

Founded in 1983, the Alzheimer Society of Ontario (ASO) is the province's leading charity dedicated to increasing public awareness of Alzheimer's disease and related dementias, funding research for a cure, advocating for improved and accessible care and services, and facilitating professional, evidence-based education. ASO also collaborates with partners to mobilize change. Partners include the Ontario Coalition of Caregivers, the Centre of Neurodegenerative Diseases, University of Toronto, the Alzheimer Knowledge Exchange (AKE), and the Murray Alzheimer Research and Education Program (MAREP), University of Waterloo. ASO is a member of a nation-wide Federation of Alzheimer Societies in Canada.

programs, art and music therapy, as well as physician and other community referrals.

Learn more or find an Alzheimer Society in your community:

[www.alzheimerontario.org](http://www.alzheimerontario.org)

ASO also supports a federation of 38 Alzheimer Societies across Ontario. Local Societies provide vital, professionally led programs and services directly to individuals and families living with the disease. Services are as diverse and unique as those affected and include caregiver and family counselling, information workshops, at-home and on-site respite care, day

### Vision

A world without Alzheimer's disease and related dementias.

### Mission

The mission of the Alzheimer Society of Ontario is to alleviate the personal and social consequences of Alzheimer's disease and related dementias and to promote research.



"In my culture, Asian families tend to rely on each other for care and support. Often times they don't seek help outside the family when they notice a person's memory is failing. Other times, they think memory loss is just part of aging, and miss an opportunity to get an early diagnosis. The Alzheimer Society has helped my family and my community better understand the disease and the kind of supportive services that are available."

*-Thuy Nguyen-Crawford. Besides running a home business with her husband, Thuy looks after three young children (Lauryn, the youngest, pictured above) and cares for her 80-year-old mother Tuyet Nguyen, who has vascular dementia.*

"Since age is the primary and unchangeable factor for Alzheimer's and related dementias, we are running out of time to come up with a strategy that will address the impending crisis. Next year, the first of the baby boomers turn 65."

- The Toronto Star

### Take charge of your brain!

- Eat a healthy diet
- Reduce your stress
- Keep your cardiovascular system in shape
- Protect your head from injury
- Exercise your body and your brain

For more brain tips: [www.alzheimerontario.org](http://www.alzheimerontario.org)

Gale Carey  
**Chief Executive Officer**

Sandi Archinoff  
**Chief Financial Officer (CFO)**

Cathy Conway  
**Director, Quality Management and Education**

Rosy Fernandes  
**Administrative Coordinator, Member Services**

David Harvey  
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Edna Ramos  
**Financial Accountant**

Kathryn Richardson  
**Senior Marketing & Communications Officer**

Kelly Robinson  
**First Link® Project Manager**

Audra Rusinas  
**Fund Development Officer**

Delia Sinclair  
**Coordinator, Public Policy**

Lee Ann Stewart  
**Executive Assistant to the CEO**

Rosemary Taylor  
**Fund Development Officer**

#### Special Projects:

Joanne Bertrand - Secretary, Caregiving Project  
Erin Hughes - BSS Project Leader  
Michelle Nanjad - Data Project

#### Alzheimer Knowledge Exchange (AKE):

Sarah Clark  
Megan Harris  
Karen Parrage  
Tania Solomas

### Dementia defined

The term "dementia" refers to symptoms that occur when the brain is damaged by diseases and conditions such as Alzheimer's, the most prevalent form, or vascular dementia. Its progression can take a decade or more from diagnosis. As memory slips away, the ability to perform simple tasks succumbs to the progression of the disease to the point of round-the-clock care, and eventually death. As of yet, there is no cure for dementia and available drugs only help slow its progression.

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ONTARIO

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### Donors working for a cure

The Alzheimer Society of Ontario acknowledges the cumulative gift of \$1 million over the past five years from the Alzheimer Society London and Middlesex (ASLM). This tremendous gift has helped fund leading-edge projects across the country through the Alzheimer Society of Canada's Research Program. Monies have also been used to support the work at the world-renowned Centre for Research in Neurodegenerative Diseases (CRND), University of Toronto, of which ASO is a proud co-founder and lead sponsor. This generous donation was made possible through a research-restricted bequest to the London and Middlesex Society from Olive Mildred Carew. The London school teacher left her estate to ASLM after caring for her husband and two other family members, all of whom succumbed to Alzheimer's disease. Because we know the ultimate path to a cure lies in research, we are especially grateful for the generosity of our donors. Their gifts are helping bright minds build the hope that a cure is on the horizon.



## Message from President and CEO

For the Alzheimer Society of Ontario (ASO), 2009-10 has been a year of significant achievements. These successes have solidified our position to tackle the rising tide of dementia: in less than 10 years, the number of Ontarians with Alzheimer's disease and related dementias will increase by 40%.

Among our key accomplishments was completing our first year under a new Federated structure. This proud moment in our 27-year history mobilized the Society and its 38 Member Chapters with renewed focus because we know the rise in prevalence is only the tip of the iceberg. The health care system, businesses and most of all, family caregivers will increasingly shoulder the fiscal, social and emotional burden of the disease.

We were also successful in our public policy work. Collectively, we secured new funding from Local Health Integration Networks (LHIN) to extend our highly regarded First Link® program to more Ontario communities. Early intervention and education empower families to prepare for dementia's challenges. First Link provides them with the coping tools and resources they need.

Our inaugural report **10 by 20: Ontario action plan for dementia** is a framework for a transformative province-wide dementia strategy. The report, based on the *Rising Tide* study conducted by the Alzheimer Society of Canada, was received enthusiastically at Queen's Park in March, and led to the introduction of a private member's bill that has the potential of aligning health and social policies to benefit individuals and families facing dementia.

Our Organizational Effectiveness Committee, comprised of Chapter Board and staff members ably led by ASO Board Member Rosemary Corbett, was mandated to explore potential enhancements to our organizational structure and decision-making processes. This will allow our organization to respond to the demands and challenges of dementia in more timely, innovative and effective ways.

Our new shared offices with our colleagues of the Alzheimer Society of Canada and Alzheimer Society of Toronto further strengthened our 'internal' partnerships, fostering greater collaboration in our shared vision, resources and day-to-day operations.

Despite difficult economic times, we completed the year on a solid financial footing. We implemented tough cost-cutting measures and stricter operational practices without compromising our research investments or our financial commitment to service delivery in Ontario communities. Because we know research is pivotal to altering the course of the disease, we intend to develop new and alternative funding streams, increase our strategic partnerships and cultivate new corporate donors in the months and year ahead.

We take pride in our accomplishments. But few successes are achieved in isolation, and the best solutions come from collaboration. To our dedicated Board members, staff,



Kathy Dewling, Out-going President



Bryon Gero, In-coming President



Gale Carey, CEO

Member Chapters, volunteers, partners and most of all, you, our donors, we give thanks for your ongoing commitment and generosity.

Unlike any other chronic disease, dementia ravages individuals, engulfs entire families and threatens to overwhelm our healthcare system. We can't afford the future costs of dementia. Nor can we allow friends, neighbours, and family members to live a life that is cut short or compromised by this devastating disease. Together, we can build on our successes and secure a better today and a brighter future for people living with dementia. Together, we can give them hope that a cure is within reach.

Learn more about *Rising Tide: The Impact of Dementia on Canadian Society* and *10 by 20: Ontario action plan for dementia*.

Help us find an Alzheimer's cure. Choose from a variety of giving options. Or, sign up as an e-advocate and make your voice heard at Queen's Park.

[www.alzheimerontario.org](http://www.alzheimerontario.org)

Register in the Walk for Memories to help your local Alzheimer Society raise funds for programs and services in your community:  
[www.walkformemories.ca](http://www.walkformemories.ca)



*A historic moment in the Society's history, former Board President Kathy Dewling signs the Federation Agreement unifying all 38 Alzheimer Societies in Ontario. Kathy was instrumental in bringing this foundation-setting document to life.*



*Mark Stewart (L) President of the former Alzheimer Society of Kawartha Lakes and Rick McGee (R), Mayor, City of Kawartha Lakes, celebrate the launch of the newly created Alzheimer Society of Peterborough, Kawartha Lakes, Northumberland & Haliburton. The amalgamation of the two Chapters means more resources for more local residents affected by the disease.*

## Connecting to the community

In 2009-10, the Society continued to raise the standard of care to improve and extend the lives of people living with Alzheimer's disease and related dementias.

Pivotal among our accomplishments was the expansion of our signature program, **First Link**<sup>®</sup>, to 26 of our 38 Chapters thanks to Local Health Integration Networks (LHIN) funding.

This made-in-Ontario program is the first of its kind in Canada that brings together the Alzheimer Society of Ontario, primary care providers and other health professionals to provide a seamlessly integrated continuum of care to people with dementia – from diagnosis to end of life.

Launched three years ago in nine test sites, **First Link** has evolved into a successful service delivery model endorsed by the medical community and based on the *Canadian Consensus Guidelines on Dementia*. Because of its collaborative nature, families grappling with dementia are benefiting directly from the expertise and experience of a host of specialists and health service providers in their community. Its impact is also felt in the way families are embracing dementia's life-altering challenges, more knowledgeably and with greater confidence.

During this fiscal period, **First Link** also widened its circle of health and social care partners building on their knowledge of the disease and enabling them to treat and care for those affected more effectively.

The Society also hosted its second annual **First Link** Provincial Conference, strongly supported by and in conjunction with Pfizer and Novartis. Forty-nine delegates from different community agencies convened to brainstorm ideas, issues and solutions in support of people affected by dementia.

### Quick facts

- Chapters are the first point of contact upon diagnosis
- Services are free; no doctor referral required
- Quickly connects families to local physicians and other health and social service providers
- Locates resources to manage issues such as financial planning and power of attorney and long-term care placement
- Includes one-on-one and family counselling and support groups
- The First Link<sup>®</sup> Learning Series workshops are tailor-made for families, including practical information about the disease and daily living, positive approaches to care, strategies for challenges and how to prepare for the end of life

For a list of Alzheimer Societies in Ontario offering First Link:  
[www.alzheimerontario.org](http://www.alzheimerontario.org)

**"P**rior to the First Link® program, my wife and I didn't know anything about dementia or Alzheimer's disease. With the information we received, we were able to encourage my sister-in-law to acknowledge that her husband has Alzheimer's and to become proactive in dealing with his disease."

- *Caregiver*

**"I** came to First Link feeling very afraid and alone dealing with my husband's Pick's disease. I have since developed a feeling of gratitude and appreciation of what other caregivers are going through. I strongly recommend First Link to anyone unsure of how to handle Alzheimer's or other related dementias. It's a valuable learning tool."

- *Caregiver*

## Dementia, a non-discriminating disease

**A**nother notable achievement, thanks to funding from the Chiefs of Ontario and the Royal Bank of Canada, has been our ability to break through the stigma, denial and other factors that often prevent families of different backgrounds, including Aboriginals, from understanding dementia and getting the help they need. Clearly we're on the right track. When Marg Eisner, Program Manager at the Alzheimer Society of Brant, participated in a call-in radio show on the reserve, she spent the full two-and-a-half hours fielding questions about Alzheimer's disease. Marg and her staff have partnered with health care workers on the reserve to promote awareness and prevention about dementia. Chapters in other regions of the province are also targeting Aboriginals to spread the message of early detection. A counsellor from the Société Alzheimer Society of Sudbury – Manitoulin offers training about warning signs to health workers on Manitoulin Island, home to an abundant First Nations population. Taking action early is critical in isolated places like Manitoulin Island because of the limited transportation to services off the island. Among the most extensive programs this year is the **First Link® First Nations Dementia at Oneida of the Thames** launched by the Alzheimer Society London and Middlesex in January and with a generous grant from the Ontario Trillium Foundation. There, First Link Public Education Coordinator Susan Oster and Robin Shawanoo, First Link Oneida of the Thames Coordinator, who is also a social worker and member of the Kettle and Stony Point First Nation near Sarnia, are collaborating on culturally sensitive tools and programs to improve understanding of the disease. They also assess and counsel members of the Oneida Nation of the Thames near London. Their work has already shown great results. Oneida Chief Joel Abram's aunt was one of the first people to contact Robin for an assessment when she realized she was having unusual memory problems. If it weren't for the program, Abram would never have known his aunt had the disease.

## Rallying the province

This year, our Public Policy work played a leading role in amplifying the voices of Ontarians affected by Alzheimer's disease and related dementias.

On March 24, 2010, together with our Member Chapters, we launched **10 by 20: Ontario action plan for dementia** at Queen's Park to an enthusiastic gathering of Members of Provincial Parliament (MPPs), health and community partners, donors and people affected by the disease. This 10-point plan provides a snapshot of the escalating prevalence of dementia in Ontario and a viable framework to prepare the province to respond to the inevitable social and economic consequences of dementia - head on.

Holding much promise for the future, **10 by 20** also led to the introduction of Bill 52, a private member's bill championed by Donna Cansfield, Liberal MPP (Etobicoke-Centre) and unanimously supported by all three political parties. And thanks to the full backing of Provincial Parliament, Bill 52 has advanced to the Justice Committee for further consideration. If enacted, it will establish an Alzheimer Advisory Council, comprised of people with the disease and caregivers among others, to recommend to the Minister of Health and Long-Term Care positive actions for improving research, public education, care services and early diagnosis of dementia.

Chapters who attended the Queen's Park reception also brought the excitement and momentum of **10 by 20** back to their communities, hosting their own special events or personally visiting their MPPs.

As well, our call for a dementia strategy was strongly endorsed by national, regional and local media with substantial articles and editorials. As a result, we attracted new and more advocates who sent hundreds of letters and emails to their MPPs asking them to support **10 by 20**, including Bill 52.

### **We were also proactive in building strategic partnerships, initiating or contributing to key dementia-specific discussions. In 2009-10, we collaborated with:**

- 50% of Ontario's Members of Provincial Parliament
- Alzheimer Knowledge Exchange (AKE)
- Canadian Dementia Research and Knowledge Exchange
- Murray Alzheimer Research and Education Program, University of Waterloo
- Neurological Health Charities of Canada, including its Ontario Brain Strategy Joint Working Group
- Ontario Caregiver Coalition
- Ontario Chronic Disease Prevention Alliance
- Ontario College of Family Physicians - Dementia Education Committee
- Ontario Dementia Network
- Seniors Health Research Transfer Network

## We presented to the:

- Ministry of Finance
- Ministry of Health and Long-Term Care
- Ontario Seniors' Secretariat
- Select Committee on Mental Health and Addictions
- Standing Committee on Finance and Economic Affairs

## Ontario speaks!

In November 2009 the Society asked Ontarians with dementia, their caregivers and healthcare providers what changes they would like to see in dementia care:

- **93%** said the current range of care and services need improvement
- **62%** believe tax credits and other financial incentives are most effective in relieving the financial pressures of caregiving
- **75%** indicated they would benefit the most from greater access to specialists and an integrated system of healthcare providers
- **100%** ranked early diagnosis as the number one benefit to people with dementia and their caregivers

## Living with dignity and respect

Complex and challenging behaviours are commonly associated with people diagnosed with dementia either at home or living in long-term care settings. Dealing with these behaviours is never easy. We're changing that with the **Behavioural Support Systems (BSS) Project**. This important initiative will create a framework for a better system of evidence-based care and practice so that such individuals are treated with dignity and respect - in a supportive and safe environment. Collaborating partners include the North Simcoe Muskoka LHIN, the Alzheimer Knowledge Exchange (AKE) and the Ontario Health Quality Council. The project, which is in its initial phase, is supported by the Ministry of Health and Long-Term Care.



**“W**hat is required is a systemic societal approach toward the management of dementia, integrating all levels of caregiving, from physician to caregiver support, and patient services...”

- **Dr. Sandra Black**, Director,  
Neurosciences Research Program,  
Sunnybrook Research Institute, Toronto

**“T**his is a disease that is growing faster than our ability to provide quality care to patients and manage the social and health costs. This is why the provincial government should heed the Alzheimer Society of Ontario's latest report and call to action.”

- **The Toronto Star**

## Sponsors supporting our vision

### Manulife Walk for Memories raises over \$1.8 million

**T**he economic downturn didn't stop Member Chapters from reporting record-breaking numbers for the Walk. In particular, the Alzheimer Society of Toronto raised a record-shattering \$553,000. Rebranding the Walk with a fresh modern look and a province-wide marketing campaign that incorporated social media helped make the 2010 Walk the most successful to date. Nearly 10,000 participants in over 50 communities raised awareness and funds totalling more than \$1.8 million. Team registrations were also up by 66%, online donations increased by 48%, and visits to a redesigned website rose by 34%.

2010  
MANULIFE  
**WALK**  
FOR  
MEMORIES



Since 2006, Manulife Financial, the lead provincial sponsor of the Manulife Walk for Memories, has contributed \$575,000 to promote and support the Walk events. Thanks to Manulife's strong commitment, the Society was also able to establish the Walk as a popular community event and a flourishing fundraiser. Over the past four years, Ontario Chapters raised almost \$7 million for funding programs and services that help individuals with dementia and their families maintain a higher quality of life.

## No step too small

**S**adie Morrow, a six-year-old first grader at Walkerton Public School, may not know the true impact of Alzheimer's disease. But what she does know is that "it would be sad if she lost her memory and it would make her family sad too." For a special school project, Sadie, whose uncle has Alzheimer's, took part in the Manulife Walk for Memories at the Alzheimer Society of Grey-Bruce and raised \$1185.00, placing her among the top three fundraisers. She can hardly wait till next year's Walk and hopes to raise twice as much. It's the caring spirit of individuals like Sadie that makes a world of difference for families coping with Alzheimer's disease.



## Sparking new ideas

**T**he Society continues to foster and fund established researchers and new investigators across Canada and in Ontario, enabling them to explore their promising hypotheses and expand dementia research in new directions.

Gillian Rowe, a post doctoral researcher at the University of Toronto, is passionate about helping people in the grips of dementia live more productively. Her work focuses on the memory-boosting power of implicit or 'hidden' memories - memories we retrieve unconsciously, like tying shoes or riding a bike. Gillian's studies in people with mild



cognitive impairment or MCI have already shown promising results of how these memories can be harnessed to recall explicit or 'emotional' memories such as a wedding or a birthday. Figuring out how this dual memory system works in people with Alzheimer's disease where memory impairment is more advanced, could point to new techniques

to improve the brain's efficiency and preserve precious memories longer. To support her work, Gillian was awarded the 2009 Firefly Spark Award, a joint funding initiative with the Society and the Firefly Foundation that encourages new or alternative research in dementia.

**Find out what other researchers are up to: [www.alzheimerontario.org](http://www.alzheimerontario.org)  
Learn more about Firefly: [www.fireflyfoundation.org](http://www.fireflyfoundation.org)**

# Auditors' report on summarized financial statements

## *To the Members of the Alzheimer Society of Ontario*

**W**e have audited the statement of financial position of the Alzheimer Society of Ontario (the "Society") as at March 31, 2010 and the statements of revenue and expenses, changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Society's management. Our responsibility is to express an opinion on these financial statements based on our audit.

Except as explained in the following paragraph, we conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance 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.

In common with many charitable organizations, the Society derives revenue from fund development activities, the completeness of which is not susceptible to satisfactory audit verification. Accordingly, our verification of fund development revenue was limited to the amounts recorded in the records of the Society and we were not able to determine whether any adjustments might be necessary to revenue, excess (deficiency) of revenue over expenses, assets and fund balances.

In our opinion, except for the effect of adjustments, if any, which we might have determined to be necessary had we been able to satisfy ourselves concerning the completeness of fund development revenue referred to in the preceding paragraph, these financial statements present fairly, in all material respects, the financial position of the Society as at March 31, 2010 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles

### **Alzheimer Society of Ontario Board of Directors 2009-10**

**Kathy Dewling**  
*Out-going President  
Hamilton*

**Bryon Gero**  
*In-coming President  
Kingsville*

**Nancy MacArthur**  
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**Deirdre Roach**  
*Timmins*

**Joan Royle**  
*Dundas*

**Dr. R. Jane Rylett**  
*London*

**PKF Hill LLP**

**Chartered Accountants, Licensed Public Accountants  
May 14, 2010**

# Alzheimer Society of Ontario

## Statement of financial position

(As at March 31, 2010)

	2010	2009
<b>ASSETS</b>		
<b>Current assets</b>		
Cash and cash equivalents	\$ 1,073,391	\$ 1,338,804
Accounts receivable	627,199	702,301
Prepaid expenses	48,877	117,677
	<b>1,749,467</b>	2,158,782
Investments	<b>1,770,073</b>	1,530,213
Property and equipment	<b>250,526</b>	297,753
	<b>\$ 3,770,066</b>	\$ 3,986,748

### LIABILITIES AND FUND BALANCES

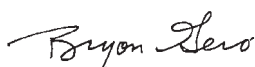
#### Current liabilities

Accounts payable and accrued liabilities	\$ 391,296	\$ 484,127
Support payable to Member Chapters	3,643	57,513
Deferred revenue	235,362	365,555
	<b>630,301</b>	907,195

#### Fund balances

Internally restricted funds	1,864,355	1,864,355
Campaign fund	417,192	733,387
Endowment fund	196,298	196,298
Invested in property and equipment fund	250,526	297,753
Unrestricted fund	411,394	(12,240)
	<b>3,139,765</b>	3,079,553
	<b>\$ 3,770,066</b>	\$ 3,986,748

On behalf of the Board:



Bryon Gero  
President



Bob Jamison  
Treasurer



# Alzheimer Society of Ontario

## Summarized statement of revenue and expenses

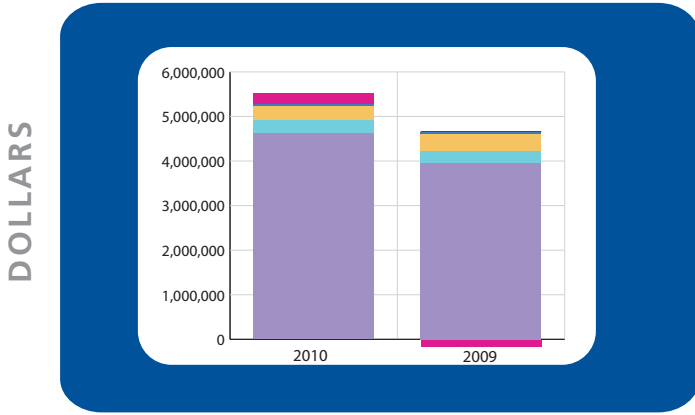
(As at March 31, 2010)

	2010	2009
<b>REVENUE</b>		
Net fund development	\$ 4,916,694	\$ 3,438,427
Investment income	258,538	(223,144)
Grants - government	310,609	260,244
Other	40,247	58,496
	<b>5,526,088</b>	3,534,023
<b>EXPENSES</b>		
Alzheimer Society of Canada operating cost assessment	1,331,832	-
Quality management and education	532,820	649,526
Public policy and government relations	306,095	400,547
Marketing and communications	383,152	441,165
Finance and operations	440,105	533,802
Governance	45,164	98,890
	<b>3,039,168</b>	2,123,930
First Link® Program	16,296	80,628
Alzheimer Knowledge Exchange program	282,463	173,202
Uniform Data Management	91,148	87,606
	<b>3,429,075</b>	2,465,366
<b>Operating Surplus</b>	<b>2,097,013</b>	1,068,657
Member Chapter research contributions		
	<b>300,173</b>	388,797
Research expenses	<b>(1,454,076)</b>	(1,012,133)
<b>Net Surplus</b>	<b>943,110</b>	445,321
Revenue sharing - Member Chapters	<b>(882,898)</b>	(1,014,325)
<b>Excess (deficiency) of revenue over expenses</b>	<b>\$ 60,212</b>	\$ (569,004)

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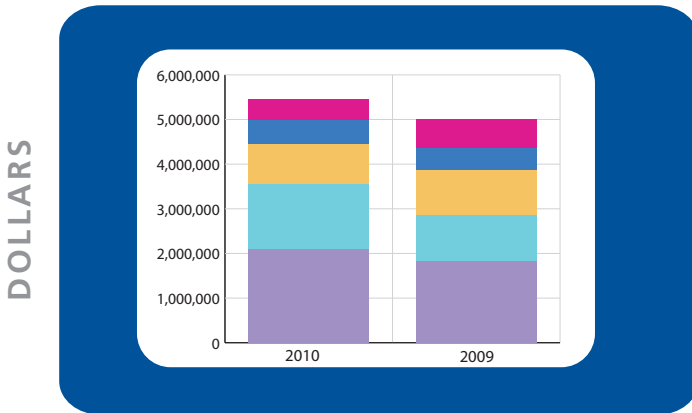
## Comparison of revenue and expenses for 2009 and 2010

### Revenue



	<b>2010</b>	2009
■ Dollars raised	<b>\$ 4,616,521</b>	\$ 3,950,420
■ Government and other grants	<b>310,609</b>	260,244
■ Member Chapter research contributions	<b>300,173</b>	388,797
■ Other income	<b>40,247</b>	58,496
■ Investment income	<b>258,538</b>	(233,496)
	<b>\$ 5,526,088</b>	\$ 4,434,813

### Expenses



	<b>2010</b>	2009
■ Programs and services	<b>\$ 2,105,192</b>	\$ 1,832,674
■ Research	<b>1,454,076</b>	1,012,133
■ Revenue sharing - Member Chapters	<b>882,898</b>	1,014,325
■ Fundraising costs	<b>538,441</b>	511,993
■ Administration costs	<b>485,269</b>	632,692
	<b>\$ 5,465,876</b>	\$ 5,003,817