

*Soci t  Alzheimer Society*  
WINDSOR-ESSEX COUNTY

**Help for Today... Hope for Tomorrow**

# Annual Report

**For the 12 Months Ended March 31, 2013**



## Our Mission Statement

*To alleviate the personal and social consequences of Alzheimer's Disease and other dementias.*

## Our Role Statement

*The role of the Alzheimer Society of Windsor & Essex County is to collaborate with all levels of the organization and our local community in order to foster excellence in services, education and research.*

## Our Vision Statement

*A world without Alzheimer's disease and other dementia.*

## Our Core Values

C	COLLABORATION
A	ACCOUNTABILITY
R	RESPECT
E	EXCELLENCE



*Société Alzheimer Society*  
WINDSOR - ESSEX COUNTY

2135 Richmond Street Windsor, ON N8Y 0A1  
(519) 974-2220 Fax: (519) 974-9727

# There is hope with help from our Friends



"We never know how far reaching something we may think, say or do today will affect the lives of millions tomorrow." – B.J. Palmer

## 2013 Founders' Award and Community Philanthropy Award

The Alzheimer Society of Windsor & Essex County is pleased to announce the Board of Directors has awarded the **2013 Founders' Award** to **Mr. Bob Davis**, a longstanding volunteer of the Society who has gone above and beyond to assist the Society and those we serve.

The **Community Philanthropy Award** has been awarded to **Mr. Tim Brady of Shoppers Drug Mart** for their efforts in raising funds so support our local programs and services, focusing on women's support.

Mr. Davis and Mr. Brady were officially presented their awards at the Alzheimer Society of Windsor & Essex County's **Mardi Gras Celebration** on Friday, March 22nd, 2013. (see photos below)

### MARDI GRAS CELEBRATION March 22nd, 2013



☛ **Mr. Bob Davis**  
**2013 Founders' Award**  
with **Ms. Helen Biales, Board Vice Chair, (left)** and **Mrs. Sally Bennett Olczak, CEO (right)**



**Mr. Tim Brady of Shoppers Drug Mart**  
**2013 Community Philanthropy Award**  
with **Ms. Helen Biales, Board Vice Chair, (left)** and **Mrs. Sally Bennett Olczak, CEO (right)**

# 2012-2013 Dignitaries of the Society

## Founders

*Mrs. Marilyn Brown-Skinner*

*Mr. George Sims*

## Honourary Lifetime Members

*Mr. George Sims*

*Mr. Don Fairley*

*Dr. Olga Malott*

*Ms. Lucia Eugeni*

*Dr. Ciaran Sheehan*

*Mr. Jim Pollock*

*Mrs. Janet Lord*

*Mr. Jim Donaldson*

*Mr. Bryon Gero*

*Ms. Eda Cross*

*Mr. Bob Renaud*

*Mr. Ron Pronger*

## Honourary Directors

*Mr. Ari Freed*

*The Right Honourable Herb Gray*

*Ms. Mina Grossman-Ianni*

*Mr. Justice Harry Momotiuk*

*The Honourable Howard Pawley*

*Mme. Justice Micheline Rawlins*

*Mrs. Rochelle Tepperman*

"How far you go in life depends on your being tender with the young, compassionate with the aged, sympathetic with the striving and tolerant of the weak and strong. Because someday in our life you will have been all of these." - *George Washington Carver*

## Executive Committee /Board of Directors

### **EXECUTIVE COMMITTEE**

Dr. Gaston Franklyn – Chair  
Ms. Helen Biales - Vice-Chair  
Mr. Ron Pronger – Past Chair  
Mr. Paul Boyes – Treasurer  
Ms. Pat Lewis – Secretary  
Ms. Sally Bennett Olczak – CEO – Non-Voting  
Member

### **DIRECTORS**

Dr. Mitch Fields  
Ms. Katha Fortier  
Mr. Rob Slater  
Mr. Pat Soulliere  
Mr. Bob Renaud

## Standing Committee Members

### **COMMUNITY ADVISORY COUNCIL**

Mr. Ron Pronger – **Chair – Board Past Chair**  
Dr. Gaston Franklyn – *ex officio*  
Mrs. Claudette Burgess  
Dr. John Greenaway  
Mr. Jacques Kenny  
Mrs. Patricia McKay  
Mr. Abdul Naeem  
Dr. Penelope Potter  
Mr. Mike Ricketts  
Mr. Rob Slater  
Ms. Sally Bennett Olczak

### **NOMINATING & GOVERNANCE COMMITTEE**

Dr. Mitch Fields – **Chair**  
Dr. Gaston Franklyn – *ex officio*  
Ms. Helen Biales  
Ms. Miranda Cyr-St. Louis  
Mr. Barry Horrobin  
Ms. Pat Lewis  
Mr. Omar Raza  
Ms. Sally Bennett Olczak

### **FINANCE / SERVICES COMMITTEE**

Mr. Paul Boyes – **Co-Chair**  
Mr. Rob Slater – **Co-Chair**  
Dr. Gaston Franklyn – *ex officio*  
Mr. Mirza Baig  
Ms. Laura Guglietta  
Mr. Rob Slater  
Mr. Pat Soulliere  
Mr. Bob Renaud  
Ms. Sally Bennett Olczak

## Community Liaisons

### **ASO LIAISON**

Mr. Bob Renaud

### **LHINS MEETING REPRESENTATIVES**

Dr. Gaston Franklyn

### **COMMUNITY AMBASSADORS**

Dr. Gaston Franklyn  
Ms. Helen Biales  
Mr. Ron Pronger



*“Our achievements today are but the sum total of our thoughts of yesterday. You are today where the thoughts of yesterday have brought you and you will be tomorrow where the thoughts of today take you.”*

- Blaise Pascal

## Special Advisors to the Board and CEO

Mr. Bryon Gero  
Ms. Deana Johnson  
Dr. Tom Najem  
Mr. Jeff Ostrow  
Dr. Patrick Soong

Mr. Mike Stocks  
Dr. Ted Vokes  
Mr. Bill Wrye  
Ms. Gay Wrye  
Ms. Dana Young

## Fund Development / Community Relations Advisors

Dr. Gaston Franklyn

Mr . Rob Slater

## Fund Development Sub-Committees

*Maurizio Tiberia, Development Officer, leads fundraising volunteers on the following events:*

**MARDI GRAS EVENT**

**WALK FOR MEMORIES**

**WORLD ALZHEIMER DAY RUN**

*To the extent that we give to others,  
the universe responds  
in kind.*

*- Small Miracles, Yitta Halberstam & Judith Leventhal*

# Staff

**Help for Today... Hope for Tomorrow**

*Juliet Arguelles  
Svetlana Aseeva  
Lori Baxter  
Michelle Bennett  
Sally Bennett Olczak  
Mary Biggs  
Rhea Branton  
Brent Brinacombe  
Sultan Bulto  
Sharon Chang  
Charlotte Clarke  
Crystal Desjardins  
John Dominato  
Rosemary Fiss  
Lisa Girard  
Elizabeth Hill  
Nancy Ivan  
Yuriy Kis  
Joshua Konopasky  
Lidia Kowal  
Doris Labelle  
Janice Laforest  
Sterling Laliberte  
Janet Lockbaum  
Nadine Manroe  
Kristen Nantais  
Carolyn Pope  
Manuela Popescu  
Sarah Prpich  
Helen Purdy  
Kathy Reid  
Rose Russell  
Bambi Sangster  
Cristina Seys  
Rose Shields  
Maurizio Tiberia  
Michele Vigneux  
Vicky Wakeling  
Claudette West  
Peggy Winch  
Hedy Zettl*

*Client Support Staff  
Finance Assistant  
Education & Support Coordinator  
Client Support Staff  
Chief Executive Officer  
Client Support Staff  
Client Support Staff  
Client Support Staff  
Client Support Staff  
Client Support Staff  
Client Support Staff  
Client Support Staff  
Director of Finance & Support Services  
Manager of Education & Support Programs  
Client Support Staff  
Client Support Staff  
Executive Office Administrator  
Client Support Staff  
Community Liaison Officer  
Client Support Staff  
Client Support Staff  
First Link Coordinator  
Client Support Staff  
Scheduling Coordinator, Client Programs  
Manager of Client & Volunteer Programs  
Education & Support Coordinator  
Client Support Staff  
Client Support Staff  
Client Support Staff  
Client Support Staff  
Client Support Staff  
Education & Support Coordinator  
Client Support Staff  
Client Support Staff  
Client Support Staff  
Development Officer  
System Navigator  
Client Support Staff  
Client Support Staff  
Volunteer Coordinator  
Client Support Staff*



# Report of the Chair & CEO

Help for Today... Hope for Tomorrow

The 2012-2103 Board year has been very productive and we are pleased to report on two key successes. First, we continue to have significant program growth and enhancements as the Rising Tide of dementia is upon us at the local level and beyond in Canada. And secondly, in this context we were able to end the year with a balanced budget in times of significant requests and needs from our community. Given this, we continue to forge positive and collaborative relationships with our community partners to ensure improved co-ordination of services for persons with dementia and their partners in care.

As we move forward into the next year to address the current and anticipated future needs of our community we have several strategic undertakings currently in development:

- A board-led **5 year strategic plan** review will be launched in the autumn under the capable leadership of Dr. Mitch Fields and Ms. Helen Biales of our Board of Directors. Dr. Ted Vokes has been engaged to guide the process.
- A **5 year fund development plan** is being prepared that looks at various aspects of community giving to ASWE – personal and corporate donations and those from the labour community, special events fundraising, and, additionally, third party fundraising.
- The possibility of formation of a **Major Gifts Cabinet** to examine future goals for major gifts, planned giving and bequests is being discussed. Possibly an endowment could be formed with a view towards long-term expanded program needs for our community.
- The possibility of the a creation of **residential home specific for persons with dementia** using the community living model has been considered in the past year. This project will be re-evaluated with valued input from respected community partners over the next months.
- A **programs and services review** and evaluation is underway as part of our current operational strategic plan.

These will no doubt act as our guiding plans for the next 5 years as we move forward to continue to serve the community of Windsor and Essex County.

At this time we would like to thank our funder, the Erie St. Clair Local Health Integration Network (ESC LHIN) for their significant continued support, along with the thousands of members of our community who assist us annually in their on-going support in so many ways – for volunteering your time in our client programs, in the office, on various committees and at client and fundraising events, and for giving generous donations that support our programs and services. Without the complementary financial support from our donors, we would not be able to effectively respond to the expanding needs of our community. We would also like to thank you for acting as ambassadors for ASWE – by reaching out to those who may be in need of our support through programs and services and encouraging them to contact us, you make the world a better place. Without your support since our inception in 1981 we would not be where we are today.

Additionally we wish to thank all members of the Board of Directors and members on its standing and supporting committees for their guidance and support. Of particular note we would like to thank two departing Board members, Bob Renaud and Katha Fortier, for their dedicated service to ASWE over the past years. Bob is a past ASWE Board chair who also serves as a member on the Alzheimer Society of Ontario Board of Directors in Toronto. He has been a vital link for engagement between the province and those of us serving at the local level. Katha Fortier, who is an RPN by profession and who serves at the national CAW in Windsor, has been an especially strong advocate for care of persons with dementia and their partners in care. We also appreciate her assistance in forging excellent donor relations with the labour community of Windsor-Essex. We remain indebted to them for their service.

The challenges ahead for the Alzheimer Society of Windsor and Essex County remain great, however, together we can continue to serve and care for those affected by dementia in our community. Our dream remains that one day a cure will be found.

Respectfully submitted,



Dr. Gaston Franklyn  
Chair

Mrs. Sally Bennett Olczak  
CEO





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www.bdo.ca

BDO Canada LLP  
3630 Rhodes Drive, Building 100  
Windsor ON N8W 5A4 Canada

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## Independent Auditor's Report

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To the Board of Directors of Alzheimer Society of Windsor and Essex County

We have audited the accompanying financial statements of Alzheimer Society of Windsor and Essex County, which comprise the statement of financial position as at March 31, 2013, the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



#### Basis for Qualified Opinion

In common with many charitable organizations, the entity derives revenue from donations and cash receipts, the completeness of which is not susceptible to satisfactory audit verification. Accordingly, our verification of these revenues was limited to the amounts recorded in the records of the organization. We were unable to determine whether any adjustments might be necessary to revenues other than grants, excess (deficiency) of revenue over expenses, assets and net assets.

#### Qualified Opinion

In our opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraph, the financial statements present fairly, in all material respects, the financial position of Alzheimer Society of Windsor and Essex County as at March 31, 2013 and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

#### Comparative information

Without modifying our opinion, we draw attention to Note 2 to the financial statements which describes that Alzheimer Society of Windsor and Essex County adopted Canadian accounting standards for not-for-profit organizations on April 1, 2012 with a transition date of April 1, 2011. These standards were applied retrospectively by management to the comparative information in these financial statements, including the statements of financial position as at March 31, 2012 and April 1, 2011, and the statements of operations and changes in fund balance of the operating fund and the reserve fund and the statement of cash flows for the year ended March 31, 2012 and related disclosures. We were not engaged to report on the restated comparative information, and as such, it is unaudited.

*BDO Canada LLP*

Chartered Accountants, Licensed Public Accountants

Windsor, Ontario  
May 21, 2013

# Alzheimer Society of Windsor and Essex County

## Statement of Financial Position

March 31,	2013	2012
<b>Assets</b>		
<b>Current</b>		
Cash and cash equivalents (Note 3)	\$ 291,072	\$ 258,056
Accounts receivable	27,647	26,780
HST recoverable and other receivables	10,332	17,178
Prepaid expenses	7,768	17,925
	336,819	319,939
Capital assets (Note 4)	838,057	867,307
	\$ 1,174,876	\$ 1,187,246

### Liabilities and Net Assets

<b>Current</b>		
Accounts payable and accrued liabilities	\$ 93,612	\$ 67,121
Current portion of long-term debt (Note 6)	39,289	179,007
	132,901	246,128
Deferred contributions (Note 7)	781,693	681,297
	914,594	927,425
<b>Net Assets</b>		
Invested in capital assets	17,075	7,003
Stabilization fund	243,207	252,818
General and Ministry of Health Fund	-	-
	260,282	259,821
	\$ 1,174,876	\$ 1,187,246

On behalf of the Board:



Director



Director

The accompanying summary of significant accounting policies and notes are an integral part of these financial statements.

# Alzheimer Society of Windsor and Essex County

## Statement of Operations

For the year ended March 31,

2013

2012

	Other Funds	Ministry of Health Fund	Total	Total
<b>Revenue</b>				
Government funding (Note 8)	\$ -	\$ 1,362,898	\$ 1,362,898	\$1,154,598
User fees	-	322,259	322,259	244,804
Special events	182,849	-	182,849	123,541
Donations and bequests	146,707	-	146,707	122,269
Other	5,272	36,560	41,832	73,782
Amortized contributions (Note 7)	29,250	-	29,250	18,250
Interest (Note 3)	-	1,201	1,201	1,001
Employment funding	100	-	100	10,750
	<b>364,178</b>	<b>1,722,918</b>	<b>2,087,096</b>	<b>1,748,995</b>
<b>Expenses</b>				
Salaries- program	93,937	964,428	1,058,365	894,230
Salaries- administration	-	320,384	320,384	222,082
Employee benefits	20,848	262,477	283,325	244,168
Program support	368	94,815	95,183	65,636
Occupancy	-	73,720	73,720	75,050
Automotive and travel	4,938	64,339	69,277	57,147
Special events	33,449	16,890	50,339	25,573
Office printing and materials	3,663	30,217	33,880	117,169
Amortization of capital assets (Note 7)	29,250	-	29,250	18,250
Meetings, training and conferences	3,588	17,466	21,054	6,499
Public relations	1,776	10,484	12,260	15,007
Lease of equipment	-	11,373	11,373	9,405
Telephone	-	8,239	8,239	6,398
Interest and bank charges	-	7,652	7,652	12,000
Professional fees	-	7,334	7,334	12,131
Research	-	5,000	5,000	-
	<b>\$ 191,817</b>	<b>\$ 1,894,818</b>	<b>\$ 2,086,635</b>	<b>\$1,780,745</b>
<b>Excess of revenue over expenses (expenses over revenue) before fund transfer</b>	<b>172,361</b>	<b>(171,900)</b>	<b>461</b>	<b>(31,750)</b>
<b>Fund transfer</b>	<b>(171,900)</b>	<b>171,900</b>	<b>-</b>	<b>-</b>
<b>Excess (deficiency) of revenue over expenses</b>	<b>\$ 461</b>	<b>\$ -</b>	<b>\$ 461</b>	<b>\$(31,750)</b>

The accompanying notes are an integral part of these financial statements.

# Alzheimer Society of Windsor and Essex County

## Statement of Changes in Net Assets

For the year ended March 31,  
2012

2013

		General and Ministry of Health Fund	Invested in Capital Assets	Stabilization Fund	Total	Total
Balance, beginning of year (Note 2)	\$	-	\$ 7,003	\$ 252,818	\$ 259,821	\$ 291,571
Excess of expenses over revenue		461	-	-	461	(31,750)
Interfund transfers		(461)	10,072	(9,611)	-	-
Balance, end of year	\$	-	\$ 17,075	\$ 243,207	\$ 260,282	\$ 259,821

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# Alzheimer Society of Windsor and Essex County

## Statement of Cash Flows

For the year ended March 31,	2013	2012
<b>Cash from operations</b>		
Excess (deficiency) revenue over expenses	\$ 461	(31,750)
Items not requiring an outlay of cash		
Amortization - capital assets	29,250	18,250
Amortization - deferred capital contributions	<u>(29,250)</u>	<u>(18,250)</u>
	461	(31,750)
<b>Changes in non-cash working capital</b>		
Accounts receivable	(867)	(5,890)
HST recoverable and other receivables	6,846	29,008
Prepaid expenses	10,157	(8,875)
Accounts payable and accrued liabilities	26,492	(42,851)
Deferred revenue	<u>-</u>	<u>(2,437)</u>
	<u>43,089</u>	<u>(62,795)</u>
<b>Cash from financing</b>		
Repayment of long-term debt	(139,717)	(135,813)
Receipt from deferred capital contributions	<u>129,646</u>	<u>198,429</u>
	<u>(10,071)</u>	<u>62,616</u>
<b>Increase (decrease) in cash during the year</b>	33,018	(179)
<b>Cash and cash equivalents, beginning of year</b>	<u>258,055</u>	<u>258,234</u>
<b>Cash and cash equivalents, end of year</b>	\$ 291,073	\$ 258,055
<b>Represented by:</b>		
Cash	\$ 213,933	\$ 181,833
Guaranteed investment certificates	<u>77,140</u>	<u>76,222</u>
	\$ 291,073	\$ 258,055

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# Alzheimer Society of Windsor and Essex County

## Notes to Financial Statements

March 31, 2013

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### 1. Significant accounting policies

<b>Nature of association</b>	The Alzheimer Society of Windsor Essex County is a charitable organization (as defined in The Income Tax Act) to receive and administer gifts, bequests and grants for charitable purposes. It provides services to those affected by Alzheimer's disease and related dementia. It provides the following services: Day Away Program, In-Home Respite Care, Public Education, Caregiver Education, and Caregiver Support Services.		
<b>Basis of accounting</b>	These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations.		
<b>Fund accounting</b>	<p>The association follows the restricted fund method of accounting for contributions.</p> <p>The General Fund accounts for the association's program delivery and administrative activities.</p> <p>The Ministry of Health Fund is used to report contributions from the Ministry of Health, which are used to provide information and support to individuals affected by Alzheimer disease.</p> <p>Invested in capital assets reports the assets, liabilities, revenues and expenses related to the Society's capital assets.</p> <p>The Stabilization Fund reports the assets internally restricted by the Society for future contingencies as determined by the Board of Directors.</p>		
<b>Capital assets</b>	<p>Purchased capital assets are recorded at cost. The minimum threshold for the capitalization of capital assets is \$3,000. Amortization expense is reported in the Capital Asset Fund provided as follows:</p> <table><tr><td>Building</td><td>25 years straight-line basis</td></tr></table> <p>One half the rate is used in the year of acquisition.</p>	Building	25 years straight-line basis
Building	25 years straight-line basis		
<b>Financial instruments</b>	Financial instruments are recorded at fair value when acquired or issued. In subsequent periods, all guaranteed investment certificates have been designated to be in the fair value category, with gains and losses reported in operations. All other financial instruments are reported at cost or amortized cost less impairment, if applicable. Financial assets are tested for impairment when changes in circumstances indicate the asset could be impaired. Transaction costs on the acquisition, sale or issue of financial instruments are expensed for those items remeasured at fair value at each statement of financial position date and charged to the financial instrument for those measured at amortized cost.		

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# Alzheimer Society of Windsor and Essex County

## Notes to Financial Statements

March 31, 2013

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1. Significant accounting policies (continued)

<b>Use of estimates</b>	The preparation of financial statements in accordance with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from management's best estimates as additional information becomes available in the future.
<b>Revenue recognition</b>	<p>The Society follows the deferral method of accounting for contributions, which include donations and Ministry of Health funding.</p> <p>Unrestricted contributions are recognized as revenue as received.</p> <p>Externally restricted contributions are recognized as revenue in the period in which the related expenses are incurred. Contributions restricted for the purchase of capital assets are deferred and amortized into revenue on the same basis as the related capital assets that are amortized.</p>
<b>Contributed services</b>	Volunteers contributed the vast majority of the fundraising services provided by the Society. Because of the difficulty in determining their fair value, contributed services are not recognized in these financial statements.



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# Alzheimer Society of Windsor and Essex County

## Notes to Financial Statements

March 31, 2013

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### 1. Significant accounting policies (continued)

#### Allocation of expenses

The Society engages in health promotion, education and in home and day away community services through funding provided by the Ministry of Health and Long-Term Care. The costs of these programs and services include the costs of personnel, premises, supplies and other expenses that are directly related to the provision of these programs and services. The Society also incurs a number of the general support expenses that are common to the administration of the organization and its programs and services.

Personnel costs (salaries and benefits) are allocated across the programs and services based on a percentage of the total salary for each staff position. The percentage is determined based on the estimated time spent on the various programs and services.

The Ministry of Health Fund includes an allocation of salaries and benefits related to administration and to programs and services funded by the Ministry of Health and Long-Term Care.

The General Fund includes an allocation of salaries and benefits related to fundraising and to programs and services which are not funded by the Ministry of Health and Long-Term Care.

The organization also allocated some of its general support to expenses to the Ministry of Health programs and services.

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# Alzheimer Society of Windsor and Essex County

## Notes to Financial Statements

**March 31, 2013**

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### **2. First time adoption of Accounting Standards for Not-for-Profit Organizations**

Effective April 1, 2012, the organization adopted the requirements of the new accounting framework: Canadian Accounting Standards for Not-for-Profit Organization (ASNPO), which is Part III of the CICA Handbook - Accounting. These are the organization's first financial statements prepared in accordance with this framework and the transitional provisions of Section 1501, First-time adoption by not-for-profit organizations have been applied. Section 1501 requires retrospective application of the accounting standards with certain elective exemptions and mandatory exceptions. The accounting policies set out in Note 1 - Significant Accounting Policies have been applied in preparing the financial statements for the year ended March 31, 2013, the comparative information presented in these financial statements for the year ended March 31, 2012 and in the preparation of an opening ASNPO statement of financial position at the date of transition of April 1, 2011.

The organization issued financial statements for the year ended March 31, 2012 using Canadian generally accepted accounting principles prescribed by the CICA Handbook - Accounting Part V - Pre-changeover accounting standards. The adoption of ASNPO had no impact on the previously reported assets, liabilities, net assets, statement of operations and cash flows of the organization. Certain of the organization's disclosures included in these financial statements reflect the new disclosure requirements of ASNPO.

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# Alzheimer Society of Windsor and Essex County

## Notes to Financial Statements

March 31, 2013

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2. First-time adoption of Accounting Standards for Not-for-Profit Organizations (continued)

The opening balance sheet on date of transition April 1, 2011. There were no changes to statement of operations and changes in net assets at the date of transition.

**Assets**

**Current**

Cash	\$ 258,234
Accounts receivable	20,890
HST recoverable and other receivables	46,186
Prepaid expenses	9,050
	<hr/>
	334,360

**Capital assets**

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885,557

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\$ 1,219,917

**Liabilities and Net Assets**

**Current**

Accounts payable and accrued liabilities	\$ 109,972
Deferred revenue	2,437
Current portion of long-term debt	314,820
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	427,229

**Deferred contributions**

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501,116

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928,345

**Net Assets**

Invested in capital assets	69,621
Stabilization fund	221,951
	<hr/>
	291,572
	<hr/>
	\$ 1,219,917

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# Alzheimer Society of Windsor and Essex County

## Notes to Financial Statements

**March 31, 2013**

### 3. Cash and cash equivalents

Included in cash equivalents are the following guaranteed investment certificates with the following rates:

	Amount	Interest Rate	Purchase Date	Maturity Date
WFCU	\$ 31,094	1.20%	November 2012	November 2013
WFCU	<u>46,046</u>	1.20%	October 2012	October 2013
	<u>\$ 77,140</u>			

Included in cash are restricted funds of \$1,330 (2012 - \$1,934). The use of funds in the bingo account are externally restricted by regulatory bodies.

### 4. Capital assets

	Cost	Accumulated Amortization	2013	2012
Land	\$ 200,000	\$ -	\$ 200,000	\$ 200,000
Building	731,187	93,130	638,057	667,307
Furniture and equipment	134,428	134,428	-	-
	<u>\$ 1,065,615</u>	<u>\$ 227,558</u>	<u>\$ 838,057</u>	<u>\$ 867,307</u>

### 5. Change in accounting estimate

The useful life for building has changed from 40 years straight line basis to 25 years straight line basis. This change in estimate resulted in an additional \$11,000 in both revenue - amortized contributions and expense - amortization of capital assets

### 6. Mortgage payable

	2013	2012
Mortgage payable, Windsor Family Credit Union, payable in monthly payments of \$3,642 including interest at a rate of prime less 0.10%. The loan is secured by a charge on the land and building. Carrying value is \$849,057.	\$ 39,289	\$ 179,007
Less: current portion	<u>(39,289)</u>	<u>(179,007)</u>
	<u>\$ -</u>	<u>\$ -</u>

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# Alzheimer Society of Windsor and Essex County

## Notes to Financial Statements

March 31, 2013

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### 7. Deferred capital contributions

Deferred capital contributions represent externally restricted contributions received for the purchase of capital assets. The amortization of deferred capital contributions is recorded as revenue in the combined statement of operations

	2013	2012
Deferred capital contributions, beginning of year	\$ 681,297	\$ 501,116
Add: Restricted contributions	129,646	198,431
Less: Amortization for the year	(29,250)	(18,250)
Deferred capital contributions, end of year	<u>\$ 781,693</u>	<u>\$ 681,297</u>

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### 8. Economic dependence

The Society is dependent on the funding received from the Ministry of Health and Long-Term Care. During the year 66% (2012 - 66%) of revenue was received from the Ministry of Health and Long-Term Care.

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### 9. Financial instruments risk

#### Liquidity risk

Liquidity risk is the risk that the organization encounters difficulty in meeting its obligations with financial liabilities. Liquidity risk includes the risk that, as a result of operational liquidity requirements, the organization will not have sufficient funds to settle a transaction on the due date; will be forced to sell financial assets at a value which is less than what they are worth; or may be unable to settle or recover a financial asset.

This risk is reduced due to considerable sums invested in term deposits. Trade accounts payable and accrued liabilities are generally repaid within 30 days.

The organization manages its liquidity risk by constantly monitoring forecasted and actual cash flows and financial liability maturities, and by holding assets that can be readily converted into cash.

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## *About the Alzheimer Society in Windsor-Essex County*

- Our mission is to alleviate the personal and social consequences of Alzheimer's disease and other dementia, and promote research to find the cause and the cure. More than 5,800 people in Windsor-Essex County have dementia.
- Last year alone, we had over 460 individuals served (400 in 2011-2012) through 2,790 confidential counseling sessions with people with dementia or their families (2,250 in 2011-12). Our First Link<sup>®</sup> program received 691 referrals from health care professionals and community agencies (477 in 2011-12) and served 510 individuals (390 in 2011-12). Our Day Away program saw over 4,460 days of attendance by persons with dementia (3,550 in 2011-12) and our In-Home Respite hours soared to over 18,475 hours last year (16,000 in 2011-12).
- Our education and counseling services are free to people with dementia and their families for as long as they need them through the lengthy course of the disease. Our counseling model has been shown in clinical research studies to increase the quality of care that family caregivers provide, to reduce caregiver stress and anxiety, and to delay placement into long-term care by an average of fifteen months.
- Our staff continue to receive the most current training on best practices in caring for persons with dementia. We know that better training leads to better care, and that the quality of personal care is an important factor in the quality of life of people with dementia.
- We have an excellent library and maintain one website: [www.alzheimerwindsor.com](http://www.alzheimerwindsor.com) to describe our own services.
- The Alzheimer Society consists of a national, 10 provincial and more than 107 local offices sharing a common mission and working together as a federation.
- The Alzheimer Society of Windsor-Essex County raises 35% of our annual budget of \$ 2.0+ million from people and companies that value the work that we do. The remainder comes from the Government of Ontario, through the Erie St. Clair Local Health Integration Network.
- We're here to help. Our dream is that no one should ever have to face dementia alone.



## *About Dementia*

- Dementia is an umbrella term that describes the symptoms of certain degenerative brain illnesses. Alzheimer's disease causes about two third of all dementias. Other diseases that cause dementia include Vascular, Lewy Body, and Frontotemporal dementia.
- Alzheimer's disease slowly kills brain cells. The early symptoms of confusion and memory loss worsen as the disease progresses. Inevitably, the ability to live independently will be lost and assistance will be necessary for everyday things such as toileting, dressing and eating. Alzheimer's disease can last up to 20 years after diagnosis.
- The causes of Alzheimer's disease are unknown and there is presently no cure. But research has shown that the risk of dementia is lower for people who keep their body healthy, their mind active, and their social network strong.
- Age is the greatest risk factor for Alzheimer's. Although mainly diagnosed in those over 65, the symptoms of dementia can start earlier, and an increasing number of people are being diagnosed in their 50's and early 60's. One in three 'boomers' and half of the people who live to be 90 will develop the disease. Because they tend to live longer, women represent almost three quarters of Canadians with Alzheimer's.
- Most Canadians with dementia live at home, cared for by spouses who may themselves be frail and in poor health, or by adult children caring for their own family in addition to their needy parent. Caring for someone with dementia is challenging and very stressful - clinical depression has been found to run as high as 32 per cent among caregivers of persons with dementia.
- The number of people with dementia is expected to double in a generation. This rising tide of dementia will soon carry the highest personal, social, and financial cost of all diseases in Canada, with the potential to overwhelm our health care system.
- Let's work together to rid the world of this terrible disease.

## RISING TIDE REPORT: THE IMPACT OF DEMENTIA ON CANADIAN SOCIETY KEY MESSAGE SUMMARY

**A new Alzheimer Society report projects alarming economic and social costs of the rising tide of dementia in Canada: the number of Canadians with dementia will double while the costs will increase tenfold.**

- Today, someone in Canada develops Alzheimer's disease or a related dementia every five minutes. By 2038, that number will grow to one in every two minutes if nothing changes.
- Currently there are 500,000 people living with dementia, a number that will more than double to 1.1 million within a generation.
- Of the 500,000 Canadians currently living with dementia, approximately 70,000 of them are under the age of 65.
- Right now, dementia costs Canadians \$15 billion a year, a figure expected to grow ten times to \$153 billion<sup>1</sup> by 2038.
- The cumulative cost is an alarming \$872 billion<sup>2</sup> between 2008 and 2038.

### Ontario

- By 2038, the overall number of Ontarians with dementia will reach 395,540; women will account for 60%.
- New cases of dementia in Ontario are on the rise. The total number of annual new cases will triple to 98,620 over the next 30 years.
- According to 2008 estimates, the total economic burden of dementia was over \$5.6 billion.

**There is hope. The report offers four possible interventions to lessen dementia's crippling effect on Canadian families, health care system and economy.**

- For example, delaying the onset of dementia by just two years has a potential cost savings of \$219 billion<sup>2</sup> over 30 years.

**If we act now, we can stem the tide. Every Canadian has a role.**

- Canadians need to learn about prevention and caring for their brain health, and about the importance of early diagnosis.
- Governments need to act. Other nations have taken proactive measures to mitigate the impact of dementia. Our federal and provincial governments need to do the same.
- Canada needs to invest significantly more into research, a critical piece for changing the course of these diseases.

### Ontario

The Ontario government has done some good work with the Ontario Dementia Strategy and the Aging at Home strategy. We need this work to continue with more focus on dementia.

**The Alzheimer Society is here to help.**

- As the national voice for people living with dementia, the Alzheimer Society is leading the efforts to turn the tide.
- It is a key funder of Alzheimer research in Canada.
- It is the only nationwide network of programs and services for people living with all forms of dementia, including Alzheimer's disease, at every stage of the illness.
- It is taking an active role in developing a national dementia strategy to be supported by all levels of government.

### Ontario

- The Society is a co-founder and co-funder of the Centre for Research in Neurodegenerative Diseases (CRND) at the University of Toronto, a world-renown research facility
- To date, the Society has invested over \$10 million in CRND research

<sup>1</sup>In future dollars    <sup>2</sup>In 2008 dollars



## Projected prevalence of dementia: Erie St. Clair Local Health Integration Network (LHIN)

*Rising Tide: The Impact of Dementia on Canadian Society*, released by the Alzheimer Society in January 2010, projects prevalence and costs of dementia in Canada over the next 30 years.

To help Alzheimer Societies in Ontario understand the impact of dementia in their respective communities, the Alzheimer Society of Ontario requested projections for Ontario from the authors of the report and cross-referenced this information with data from Local Health Integrated Networks (LHINs).

This document includes information related to the Erie St. Clair LHIN.

Citizens living with dementia	2008	2012	2016
Ontario	181,406	204,681	227,504
LHIN 1 - Erie St. Clair	9,010	9,857	10,593

By 2016, the prevalence of dementia in **Ontario** is expected to reach 227,500 cases. This means that the total number of people with dementia in Ontario will increase by over 46,000 (25%) within eight years.<sup>1</sup>

The prevalence of dementia in the **Erie St. Clair LHIN** region is expected to reach 10,593 cases by 2016, an increase of over 17% compared to 2008. Within eight years, the total number of people with dementia in the Erie St. Clair LHIN will grow by more than 1,580.<sup>2</sup>

In 2008, the estimated total economic burden (including direct, indirect and opportunity costs) of dementia in Ontario exceeded \$5.6 billion. This number is expected to more than double by 2016, when the total annual cost of dementia in Ontario will approach \$12 billion.<sup>1</sup>

As county boundaries can vary significantly from LHIN boundaries, prevalence projections for divisions within the Erie St. Clair LHIN are presented below.

Citizens living with dementia <sup>3</sup>	2008	2012	2016
Chatham-Kent	1,674	1,738	1,823
Essex	5,152	5,723	6,231
Lambton	2,126	2,359	2,572

**Sources:**

*Rising Tide: The Impact of Dementia in Ontario*, 2009  
*Projected Prevalence of Dementia: Ontario's Local Health Integration Networks*, Alzheimer Society Ontario, 2007  
 Hopkins & Hopkins, *Dementia Projections for the Counties, Regional Municipalities and Districts of Ontario (Using CSHA Prevalence Data)*, Clinical/Research Bulletin No. 15, 2005

## KEY ORGANIZATIONAL MESSAGES

*The Alzheimer Society of Windsor & Essex County has one goal, one mission: To alleviate the personal and social consequences of Alzheimer's disease and related dementias.*

Working together with the Alzheimer Society of Ontario and 38 local chapters across the province, the Alzheimer Society of Windsor & Essex County supports people living with or at risk of Alzheimer's disease and other dementias with programs and services and up-to-date information so they can make informed decisions about their care and future plans.

### **IMPROVING CARE**

- We apply the latest in research information and best practices to professional development opportunities for health and community workers, including our own, to ensure those with dementia and their families receive the best possible care.

### **PROMOTING AWARENESS**

- We optimize traditional and digital media to build campaigns that increase understanding of dementia and promote its prevention, elevate the work and impact of the Society, protect its brand and engage new audiences.

### **ADVOCACY**

- We cultivate alliances and partnerships and collaborate with all levels of government and other health groups to influence policies and programs that will offer positive outcomes for people affected by dementia.

### **FUNDRAISING**

- We seek and create new opportunities and revenue streams to support program innovation and research as well as promote the Society's long-term financial sustainability.

### **ORGANIZATIONAL EFFECTIVENESS**

- We are committed to an integrated and unified organization that continually encourages a culture of learning, sharing and collaboration and that measures its performance against its strategic objectives to achieve greater success.

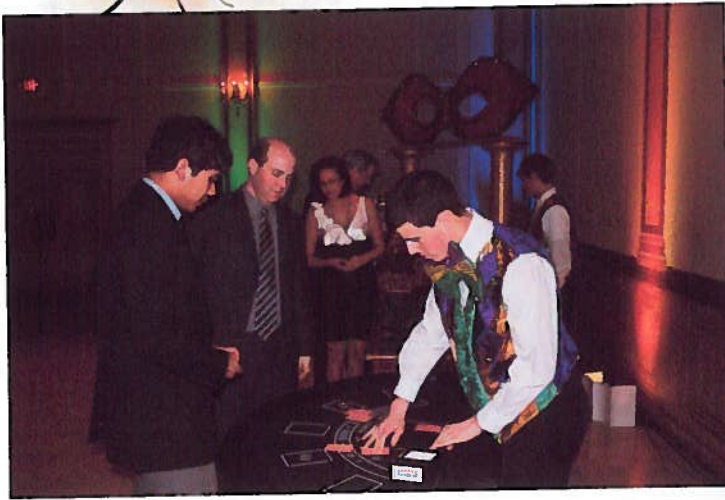
*“Hope is something that brings sunshine into the shadows of our lives. It is our link to a better tomorrow. When hope is gone, so too is our life force. And when hope is kept alive, so too is our determination to go on.”*

*- Small Miracles, Yitta Halberstam & Judith Leventhal*



# MARDI GRAS

FRIDAY, MARCH 22ND, 2013



*Ms. Lisa Steele and Mr. Jeff Galad of the Windsor Star emceed this year's Mardi Gras event.*



## Art for Alzheimer's Saturday, April 27th, 2013

- Ms. Gabrielle Wilkinson raised \$70 for ASWE selling her handmade bracelets.



**Ms. Vasilca Dimutriu, Day Away Volunteer, who works with clients to make art masterpieces that were sold in a silent auction.**



## BRYON GERO RECEIVES THE QUEEN ELIZABETH II DIAMOND JUBILEE MEDAL

The Honourable Teresa Piruzza, MPP, Windsor West presented Bryon Gero, Past President of the Alzheimer Society of Ontario and the Alzheimer Society of Windsor and Essex County with the Queen Elizabeth II Diamond Jubilee Medal on January 22nd, 2013 at the Alzheimer Society of Windsor & Essex County.

Bryon Gero first joined the Alzheimer Society of Windsor and Essex County as a volunteer in its day program. He became President of the Windsor and Essex Society in 2004 and paved the way for the Society's ambitious capital campaign to raise \$1.1 million to purchase and renovate a building to serve the increasing numbers of people with dementia and their partners in care. That campaign achieved its goal in December 2011.

Bryon also spearheaded investigation into a different model of housing for people with dementia in Windsor, rather than offering only long-term care placement. Inspired by the work of his wife, Nancy Wallace-Gero, CEO of Community Living Essex County, Bryon's vision was the establishment of group residences in established neighbourhoods specifically for people with dementia. These homes would become part of the community, similar to the type of homes offered for people with intellectual disabilities. Bryon championed a successful community forum to discuss a variety of supported residential home models. The Alzheimer Society of Windsor and Essex County continues to work on this project, mentored by Community Living Essex County.

As President of the Alzheimer Society of Ontario Board (2010-2012) and Regional Director for the South West Region, Bryon's priorities were to ensure that Ontario Alzheimer Societies continued to provide high-quality services to their clients and to work towards lessening the impact of Alzheimer's disease.

Bryon, a social worker by training, provides counseling to individuals, couples, families and groups in private practice. He has also worked for the Ministry of Health and Long-Term Care in several senior-level managerial roles.

The Queen Elizabeth II Diamond Jubilee Medal is a commemorative medal, created to mark the 2012 celebrations of the 60<sup>th</sup> anniversary of Her Majesty Queen Elizabeth II's accession to the Throne as Queen of Canada. The Diamond Jubilee Medal is a tangible way for Canada to honour Her Majesty for her service to the country and serves to honour significant contributions and achievements by Canadians, such as that of Bryon Gero.



*Mr. Bryon Gero  
Queen Elizabeth II  
Diamond Jubilee  
Recipient*



*Left to right: Mr. Bryon Gero, Mr. Vic Prendergast, Alzheimer Society of Ontario Board Chair and the Honourable Teresa Piruzza, MPP, Windsor West during the presentation ceremony.*

# Thank you

*The Alzheimer Society of Windsor & Essex County wishes to recognize and thank the Erie St. Clair Local Health Integration Network (LHIN) who has committed to providing a large portion of the financial resources we require to be able to offer essential services to our community.*

**Supported by:**



**Ontario**

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**Erie St. Clair Local Health  
Integration Network**

**Help for Today... Hope for Tomorrow**