VISION

A society committed to preventing dementia, while valuing and supporting people who live with it.

PURPOSE

To advance the interests of people living with dementia through advocacy, education, support and research.

PHILOSOPHY

Dementia is a human experience rather than just a biological condition. We therefore offer a holistic approach in our care that respects the individuality of people living with dementia.

VALUES

- Understanding the unique needs of people living with dementia.
- Recognising people as our greatest strength.
- Investing in partnerships.
- Treating people with respect and dignity.
- Encouraging innovation and creativity.
- Being transparent, accountable and sustainable.

DISCLAIMER

Articles in this publication provide a general summary of the subject matter covered. Any person with dementia should seek professional advice about their specific case. Alzheimer's Australia WA is not liable for any error or omission in this publication. Permission should be sought from the Editor before reproducing articles and/or images. Should permission be given the source must be acknowledged.
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“I FOUND AAWA COMMITTED, EXTREMELY SUPPORTIVE AND COMPASSIONATE. WITHOUT AAWA’S SUPPORT I DON’T KNOW HOW WE WOULD HAVE MANAGED. THEY WERE A LIFELINE FOR ME.”

Thanks to Georgina for kindly telling us about her family’s journey living with dementia.
The past 12 months has seen significant activity in dealing with the accommodation issues of our rapidly growing business.

As highlighted elsewhere in this report, we saw a dream become reality with the opening of Hawthorn House in Albany. Built on dementia enabling design principles, Hawthorn House has recently won a Master Builders’ Association Design Excellence Award.

AAWA is facing a changing landscape in the form of the federal aged care and disability reforms. These reforms will dramatically alter the landscape in which our business operates. Careful navigation of the challenges will be required in the coming years by the Board and senior management.

Noted widely for its care environment, AAWA’s Hawthorn House was recently honoured with a visit by His Excellency General the Honourable Sir Peter Cosgrove AK, MC (Ret’d) Governor General of the Commonwealth of Australia and Her Excellency Lady Cosgrove. His Excellency had requested a visit during his time in Albany to commemorate the departure of the ANZAC fleet.

AAWA relocated its head office to leased premises in Osborne Park. All administration staff previously at the Shenton Park premises also relocated to Osborne Park allowing more space and focus for client activity at Shenton Park.

With minor changes, better carers’ facilities and counselling rooms have been established. The library and resource centre has been upgraded to encourage greater access and use by the public.

A Lotterywest grant, the generous support of trade suppliers and a bequest has enabled a complete refurbishment of the Shenton Park building.

The final accommodation highlight has been the very recent purchase of a home in Mandurah to accommodate the expansion of our work in the area. This purchase was made possible by a wonderful endowment from The Theodore and Isabella Wearne Charitable Trust (see story on page 16). Apart from the opportunity to transform our capacity to deliver support in the region, the Board takes great encouragement in the confidence such a donation shows in AAWA.

While our progress in accommodation has been significant, it’s what happens within the buildings that makes our reputation. Whether it’s creating world class care environments or best practice in business management, the staff of AAWA deserves commendation and thanks for their work over the last year. They have been ably supported by a band of loyal and committed volunteers, who provide a special ‘value add’ to what staff deliver.

I would like to thank my fellow Board members, senior management staff, volunteers and supporters for their assistance over the past 12 months. In particular, I’d like to thank the Deputy Chair, Jenny Rogers and the Treasurer, Dr Michael Preece for their consistent contribution.

Thank you also to Dr Sean Maher who provides us with valued sage advice as our Medical Director and to Brian Roche who has served as the WA representative on the Alzheimer’s Australia National Board. 2013/14 has certainly been a productive year.

I must also thank our CEO Rhonda Parker. In her two years as CEO she has presided over significant and rapid growth within the organisation. There have been numerous achievements by Rhonda and her team over the past 12 months, including a review of our processes, record growth, the opening of the new Albany building as well as the commencement of the new Dementia Partnership Program. Under her guidance the organisation continues to grow and improve.

Finally, thank you to the Australian Government and the State Government which commit to providing the resources necessary to continue our work that is so crucial to the many thousands of West Australians and their families who are living with dementia.

Craig Masarei
Chairman
"WE SAW A DREAM BECOME REALITY WITH THE OPENING OF HAWTHORN HOUSE IN ALBANY."
The Governor General had requested the visit, to which we readily agreed. His Excellency was accompanied by Lady Cosgrove. After a brief welcome and introduction to our philosophy of care, I asked Sir Peter if he would mind if we kept the visit informal. The result was a warm, personal interaction. We can only hope that the Governor General was as impressed by our team as we were with him.

This visit capped off a very busy 12 months. What a year it has been for Alzheimer’s Australia WA (AAWA). Continued growth, federal reform, new initiatives and consistent challenge have been the hallmarks of the year.

AAWA has continued to consolidate its financial disciplines and systems. The finance team has progressed its work across the business to ensure all staff managing the delivery of contracts are supported to do so with efficiency and accountability.

New accountability mechanisms have been put in place for large donations. All donations over $10,000 and all bequests are placed in a quarantined account and preserved for special projects. The funds in these accounts can only be accessed with approval of the Board for special purposes. They are not used for general expenditure.

Funds donated for research purposes are kept separately within this account.

We are grateful – and at times overwhelmed – by the generosity of families and individuals. Generous donations enable AAWA to lead, innovate, and go the extra mile.

AAWA has continued to embed its quality assurance program.

A comprehensive set of clearly articulated policies has been developed and rolled out to staff. This quality assurance work is important in the delivery of accountability and consistency across the organisation.

Programs have been consolidated, expanded and introduced. The Dementia Behaviour Management Advisory Service (DBMAS) has now expanded into the acute and primary settings. The revamp of the carer support program is working well. The Dementia Friendly Communities project has commenced and will reach across the state.

The largest of our new projects is the Dementia Partnership Project (DPP), a collaboration with the WA Department of Health, funded by Home and Community Care funds. The DPP will see AAWA work with organisations that care for and support people living with dementia in their own homes. The aim is to build the capacity for high quality dementia care and support.

The importance of this and other services we deliver in the community cannot be overestimated. There are now 30,700 people in WA living with dementia. Overwhelmingly, the majority of these people live in their own homes in the community. Dementia is not so much a nursing home challenge but a community and family challenge.

AAWA remains one of the larger membership organisations in WA with 3295 members and growing. We have a reciprocal relationship with our members, keeping each other informed and in touch.

Our consumer engagement has been given greater emphasis this year. Wherever possible, we have a consumer speak at forums and events.

These presentations can be heart warming or confronting – but they are always worthwhile and poignant. They remind everyone listening why AAWA exists, what our mandate is and why we work so diligently to increase the quality, quantity and effectiveness of what we deliver for those living with dementia.
This year was also distinctive in the number of accommodation projects that we undertook. Four major projects were delivered.

The highlight was the completion and formal opening of Hawthorn House in Albany, the concept becoming real after so many years of planning and resourcefulness. The next big project was to identify new premises to house the head office staff who were previously spread across the Shenton Park and Wembley sites. Ninety staff were relocated to new premises in Walters Drive in Osborne Park.

With the departure of most staff from the Shenton Park premises, spaces were opened up to improve facilities for consumers, carers and those attending education programs. A complete refurbishment was also undertaken. New furnishings and equipment for carers were purchased with funds from a generous bequest. A carers’ coffee room, an art studio, and a much-improved space for the reception area, resource centre and library are among some of the improvements. A fresh coat of paint has also worked wonders in improving the space.

The final major accommodation project came from an endowment that overwhelmed us in its generosity. After a due diligence process, AAWA received notice of an endowment of $750,000 from the Theodore and Isabella Wearne Charitable Trust for the purpose of purchasing a property in Mandurah to establish a dementia hub, similar to the Hawthorn House model. Such generosity is rare and overwhelming.

A gift of this size has the ability to transform our capacity to deliver care and support to those living in and around Mandurah who have dementia. We will ensure that it does. Further detail of this is on page 16 of this report, however, I wish to comment on the greater impact of such a gift above the material outcome.

My staff are passionate, committed professionals. We all work hard on an endless stream of challenges and workload.

We work because we believe in what we do. However, when others share the commitment by making a donation, we are reminded that many share our passion and our commitment. The load is shared.

I am humbled and grateful for those who share our passion and our load with donations and gifts large and small. Without diminishing the worth of any contribution, a donation of three quarters of a million dollars is a game changer in itself. It instantly changes the paradigm within which we operate in a particular space. The Wearne Trustees, in discussions with AAWA leadership, chose to direct their endowment to the Mandurah challenge. In doing so, they have changed the future for dementia care and support in the region. We are challenged, energised and inspired. Most of all we are very grateful.

I have no doubt that the coming year will be as busy as this one. We will not face the same physical upheaval, but the federal aged care reforms present the possibility of upheaval in how we are funded and how consumers access our support. We will need to be prepared for and embrace change. It will be complex and resource intensive, but all aged care providers are facing the same challenges.

I’m grateful for the support of a committed, professional team who operate across the state in diverse environments. The leadership relies on each and every staff member to be the ‘best in the business’ and to take responsibility for our sound reputation.

We are not disappointed. In particular, I acknowledge my General Managers Jason, Danielle and Lynne, and my EA Debbie, without whose proficiency I could not deliver the performance reported in this document.

I would also like to thank the Board members who guide AAWA and provide leadership. In particular, I’d like to thank the Chairman, Craig Masarei, for his constant commitment to AAWA and for the support he provides to me.

I’d also like to thank the other members of the executive; Jenny Rogers, the Deputy Chair, and Dr Michael Preece, the Treasurer. There isn’t a time when each of these individuals isn’t available to provide me with whatever advice, input or support I request and I’m grateful that such good people make themselves available to provide leadership to AAWA.

I’d like to close with a final reference to a comment made to me by the Governor General as he was leaving Hawthorn House. After being impressed with the new building and its design features, he looked at me and said ‘It’s not about the building, though, is it? It’s about what happens in the building?’ I confirmed that that was correct. He followed with a final comment. “It’s about the people with dementia, isn’t it?” He is exactly right in his intuition.

Having well performing programs, good staff, a strong bottom line are all a means to an end. As the Governor General said, “it’s about people with dementia.” That is why AAWA exists and why we work to improve the support and care that is available to those living with dementia, no matter where in this state they live. So as we face the coming year, we will continue to do so with the same vigour as we have shown this last year.

Rhonda Parker
CEO
The council aims to “stimulate innovation, development and commercialisation of life enhancing drugs, treatments and care for people with dementia, or at risk of dementia, within a generation.”

The USA has a National Plan to Address Alzheimer’s Disease, a research and caregiving initiative commenced in 2012. The National Institute on Aging (NIA) released a report on progress in AD in July 2014. It outlines progress towards its goals: Prevent and effectively treat AD by 2025; Enhance Care Quality and Efficiency; Expand supports for people with AD and families; and Educate the public about AD.

Progress toward prevention and treatment is being made via regular research summits to update research priorities for AD and other forms of dementia. Basic research into the mechanisms underlying AD is being supported in many areas. The Accelerating Medicines Partnership consists of federal, industry and not for profit research organisations who are working on promising biological targets for new diagnostic and treatment methods. They have announced a series of pilot projects: exploring the role of the lysosomal system which breaks down intracellular proteins in AD pathogenesis; exploring the mechanism by which ApoE4 contributes to AD pathology; what types of beta-amyloid are responsible for AD pathology and why some people don’t have dementia despite extensive AD pathology changes. There are several other large projects including the role of neuroinflammation that may yield preventative and therapeutic targets. Large genomic studies continue and have uncovered 22 candidate genes that increase the risk of AD. Genes that protect against AD are also of great interest and may give insights into new methods for prevention or treatment.

Research activities need volunteers with AD, mild cognitive impairment (MCI) and normal cognition who are at risk of AD.

The Recruiting Older Adults into Research (ROAR) program is being promoted by a collaboration of health agencies including the NIA, to raise awareness and connect people to enable them access opportunities to take part in AD research.

New NIA funded clinical trials announced include: further studies in people with AD, or at risk due to rare inherited forms of AD, with anti amyloid drugs (gantenerumab and solanezumab); Similar trials in people at risk of AD due to two copies of the ApoE4 gene; stimulating the immune system to clear beta amyloid with sargramostim in people with MCI; and using a naturally occurring brain steroid, allopregnanolone, which promotes growth of new neurons, reduces amyloid and improves cognition in animal models. There are several other studies still underway using therapies to clear or reduce production of beta amyloid. Enhanced support for researchers developing new drugs is being promoted, including new work targeting abnormal tau proteins and ApoE4.

Early identification of AD and presymptomatic stages continues with efforts to identify biomarkers including imaging techniques. The Alzheimer’s Disease Neuroimaging Initiative (ADNI) has received further funding, correlating changes in cognition, biomarkers in blood and cerebrospinal fluid and imaging using MRI and nuclear medicine techniques. Other projects include identifying changes in the white matter of the brain as well as finding amyloid plaques in the retina. Nuclear medicine imaging for tau protein is now being used but still requires much work to determine its usefulness in detecting AD and other dementias.

One UK and two US-based research groups published studies this year showing blood tests consisting of a panel of different biomarkers can predict the likelihood of people with normal cognition going on to develop MCI, or AD.
Although these tests are promising, they require further testing in larger, “real world” populations before they could be adopted as screening tests for AD. There is still much work to be done to enable clinicians to give any reliable advice based on any current tests, to predict risk of getting AD.

Nevertheless, they will likely develop into invaluable tools to enhance advice about risk reduction, recruitment to trials and future treatments.

The NIA is also funding trials looking at prevention of AD using lifestyle measures. The full report is worth reading and is available at www.nia.nih.gov/alzheimers.

Alzheimer’s Disease International released its World Alzheimer Report for 2014, entitled “Dementia and Risk Reduction: an analysis of protective and modifiable factors”. The authors reiterate that “What is good for your heart is good for your brain”, noting strong evidence for reducing dementia risk by reducing tobacco consumption, and better control of diabetes and mid-life hypertension. They cite the importance of maintaining physical activity and reduction of obesity. They note consistent evidence which suggests cognitively stimulating activity in late life delays the onset of dementia but felt that this still requires further randomised trials. A study from the UK in 2013 noted that dementia prevalence had declined from predicted levels, most likely due to a combination of better control of cardiovascular risk factors and better education. Similar studies have since been reported in other developed countries, including the onset of dementia being delayed to older age ranges. However, rising rates of obesity and diabetes threaten to swamp these improvements.

Several trials using lifestyle interventions to reduce the risk of cognitive decline were presented at the Alzheimer’s Association International Conference in Copenhagen in July.

In a Finnish study, 1260 older people at risk of dementia (with average or just below average performance on cognitive testing) were given advice about how healthy eating, exercise, mental stimulation and social activities can reduce vascular risk factors and the risk of dementia.

Both control and intervention groups received this advice, and had monitoring of weight, blood pressure and blood tests. The intervention group received a personalised nutrition plan, physiotherapist guided strength and aerobic training, computer-based cognitive training, group meetings to increase social time and more frequent feedback from clinical staff about their progress. After 2 years, the intervention group had increased their cognitive scores by an average 40%, as well as reducing their vascular risk factors. They will be followed to see if there are fewer cases of dementia over the next 5 years. Preliminary results from a North Carolina study still in progress, gave aerobic training to people with prediabetes and MCI and showed improved executive functioning but remarkably, also reduced levels of CSF proteins that indicate neurodegeneration (eg CSF tau).

The Australian Government has announced its “Boosting Dementia Research Initiative” with $200M over five years. The National Health and Medical Research Council will award $32.5M in funding later this year to five dementia research teams tackling research priorities. The remainder of the funding will go to: other large scale research projects; the Clem Jones Centre for Ageing Dementia Research; Capacity building grants to attract researchers to dementia research including funding from the Australian Research Council; and $50M to establish a National Institute for Dementia Research to set priorities for dementia research, coordinate initiatives and translate findings into practice.

This is very welcome news and a testament to the lobbying efforts made by Alzheimer’s Australia in the lead up to the 2013 federal election. It will significantly bolster Australian research efforts and is in keeping with the framework of international efforts.

Increasing our understanding of the basic causes of dementia may well lead to individual risk assessments based on genetic profile, tailored individual preventative programs, monitoring for signs of neurodegeneration, and possible combinations of treatments based on different phases of pathology. However, lifestyle measures to reduce the risk of cognitive decline or delay it will likely have much greater benefit than treatments for established disease. Societal and public health measures to enhance and encourage people to undertake lifelong risk reduction are needed. To return to Macbeth: his doctor advised “…therein, the patient must minister to himself”.

Dr Sean Maher
Honorary Medical Director
2014 has been an exciting and memorable year for Client Services as we introduce new initiatives and our programs continue to thrive and grow.

NEW RESOURCES DEVELOPED TO ASSIST GENERAL PRACTITIONERS

Following the expansion of our Dementia Behaviour Management Advisory Services (DBMAS) into the acute and primary health sectors, two new resources for General Practitioners (GPs) have been developed.

A web-based information guide now provides GPs with additional support around timely recognition and management of cognitive decline, current assessment and referral practices, types of dementia, delirium, driving, financial/legal concerns, behavioural changes and links to local WA services. This resource can be located at: www.alzheimersaustraliagpresource.

An online educational resource has been developed by DBMAS in partnership with Curtin Health Innovation Research Institute. This resource explored the GP management of patients presenting with behavioural changes associated with a cognitive impairment.

This was achieved by developing a series of video vignettes and inviting GPs to participate. Evidence showed the video vignette study had an impact on the knowledge of GPs for appropriate management of patients presenting with behavioural changes. This study has recently been accepted for publication by the British Medical Journal.

FIRST 12 MONTHS OF THE YOUNGER ONSET DEMENTIA PROGRAM

Over the past 12 months our Younger Onset Dementia (YOD) Keyworker program has continued to actively support the needs of clients, carers and families living with dementia. The multi-disciplinary YOD key worker team is generating a positive reputation amongst consumers for their person-centred approach and ability to develop individualised care plans and creative solutions to meet the often complex needs of younger people living with dementia.

The YOD team has played an integral role raising awareness of younger onset dementia within the wider community and assisting service providers in the aged and disability sectors to modify their practices to suit the needs of younger consumers. This capacity building approach has resulted in strong partnerships with a variety of external organisations and a number of positive outcomes for consumers including younger onset specific residential respite, day centre groups and social clubs being established.

“PARTICIPANTS GREATLY VALUE THE OPPORTUNITY TO SHARE EXPERIENCES, DISCUSS PRACTICAL STRATEGIES AND RECEIVE INFORMATION ABOUT SUPPORT SERVICES.”

General Manager, Client Services
Lynne Hedley
PILOT OF TRANSITION TO RESIDENTIAL CARE PROGRAM

Throughout 2014 two workshops have been developed and evaluated. The first workshop aimed to address the practical and emotional needs that a family carer of a person with dementia may experience as they consider or plan the move to a residential facility. The second workshop focused on the emotional needs of family carers following the admission of a person with dementia to residential care.

According to feedback from participants from both courses, they will be beneficial to continue in future.

EVALUATION OF CARERS SUPPORT GROUPS

The Carer Education Support Program is a weekly educational and therapeutic program conducted over 11 weeks. This holistic service introduces clients to the concept of respite and social support with many participants continuing beyond the end of the program. Following the program, carers are transitioned into monthly carer support groups.

Participants greatly value the opportunity to share experiences, discuss practical strategies and receive information about support services. We have received very encouraging feedback from our survey which has highlighted the success of the program.

INAUGURAL SYMPOSIUM FOR STAFF WORKING IN THE ACUTE SECTOR

In June 2014, our DBMAS team facilitated a two-day symposium for 150 hospital health professionals. International dementia expert Professor Sube Banerjee and a range of national and local dementia experts presented on current and innovative dementia practices.

Delegates included medical specialists, nurses and allied health staff, all of whom gave very positive feedback.

NATIONAL DEMENTIA HELPLINE CALLS 2013-2014

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Members of Mary Chester Club.
EDUCATION, RESEARCH AND CONSULTANCY

High demand for dementia specialist awareness, education and skills training is indicative of the growing recognition of the need to better support people living with dementia. The capacity building role of the Education, Research and Consultancy department is at the forefront of meeting this need.

DEMENTIA PARTNERSHIP PROJECT

This year saw the exciting development of an ongoing partnership between the WA Health Department and Alzheimer’s Australia WA (AAWA) to provide a new and innovative approach to dementia skills, training and culture change in community services.

The Dementia Partnership Project works in close partnership with community care providers and assessment agencies to support them to increase their capacity to respond to dementia with their clients and to develop a person-centred approach in the way services are delivered. A mix of education, culture change programs, dementia leadership and support, resource sharing and the ongoing development of dementia skills and a person-centred philosophy have been developed to meet the objectives of the project.

As part of the consumer directed approach, the DPP is also developing resources for consumers to assist them in making informed decisions. The DPP activities include:

- Organisational partnerships that see a dementia specialist from AAWA build capacity in partnering organisations by identifying development needs and providing training, mentorship and information resources.
- Mentorship placements enabling staff from other organisations to spend time at AAWA dementia hubs looking at implementation of care models.
- Annual symposium for community service providers.
- New information and resource website for providers and consumers.
- Community Dementia Champions Program.

DEMENTIA CHAMPIONS PROGRAM

This year AAWA launched two Dementia Champions Programs: the Community Dementia Champions (an initiative of the DPP) and Hospital Dementia Champions (relaunched). Both programs are funded by the WA Health Department and provide training, mentorship, networks and information resources to key people in organisations and hospitals.

Dementia Champions are supported to introduce dementia specific programs and training into their organisations. Organisations are required to commit to supporting the champions in making the changes.

This year, 18 community organisations and six hospitals have supported the introduction of Dementia Champions.

“I’M PASSIONATE ABOUT CREATING A SOCIETY THAT VALUES, SUPPORTS AND ENABLES PEOPLE LIVING WITH DEMENTIA.”

General Manager, Education, Research and Consultancy – Jason Burton
Creating a Dementia Friendly WA

Working towards WA becoming dementia-friendly is the goal of a new two year project. Funded by a $410,000 grant from the Premier of Western Australia’s Social Innovation Grants program, the project has three key aims:

- Address the stigma facing many people living with dementia.
- Hear the voice of people with dementia in their communities and respond to their expressed needs and challenges.
- Raise awareness of the dementia-friendly community principles with local government authorities, services, community facilities and cultural venues and also provide information, resources and support to adopt these principles and develop initiatives.

The Dementia-Friendly Communities team will be running community consultations themed ‘What it’s like to live with dementia in my community’ across WA in 2014 and early 2015. The team will be working with local governments, WA businesses, public services and public authorities to support them in developing a dementia friendly approach.

Working Towards 2014

As the provider of choice for dementia education and training, AAWA has an extensive range of awareness, education and training workshops and courses. This year saw the re-accreditation of the Certificate 4 in Dementia Practice. This course provides extensive dementia knowledge and skills training and features leading dementia experts providing practical training alongside theory and knowledge development. AAWA provides a large proportion of the dementia training in WA.

Our partnership approach with aged care providers offers a collaborative and flexible solution to dementia care training needs. This year we are pleased to have partnered with Opal Aged Care to provide foundation dementia training to every staff member and a leadership peer enablement program to their senior leadership staff. Through comprehensive training like this organisations see real change in person-centred culture and quality of care for people living with dementia.

Our 2014 ‘Care & the Cure’ public lecture series was once again highly successful with a number of national and international speakers providing interesting and innovative lectures to an audience of aged and health care staff and the wider interested public. Over 1000 people attended the lectures during the year. This year we launched a new YouTube channel where all of the public lectures can be viewed: www.youtube.com/AlzheimersAusWA.

An extensive refurbishment of the training room at AAWA Shenton park centre was completed during this year. Improvements have included the addition of webinar equipment to grow the reach of dementia training into rural and remote Western Australia. This refurbishment was generously supported by Health Workforce Australia.

Creating Enabling Environments

The Dementia Enabling Environments Project team worked on a number of projects over the course of the year to support the development of dementia enabling environments. These included working with aged care providers to design new and refurbished facilities, supporting day centre construction and assisting in designing sensory therapeutic gardens. The team also provided dementia design training to design professionals, aged care staff and families.

The DEEP website received over 15,000 visits during the year and the rich source of information it provides has proved very valuable to many families looking to adapt their home and to aged care and hospitals looking to improve their environments.
2013-2014 was a time of growth and expansion for Alzheimer’s Australia WA (AAWA), with a strong financial performance underpinned by an increase in organisational revenue of 29%. The progression of a robust quality framework across the organisation ensured a high level of human resources corporate governance. A strong multifaceted media presence increased community awareness, income through donations, bequests and fundraising grew and the review and implementation of robust systems and procedures was commenced by the Information Technology and Asset department.

FINANCIAL PERFORMANCE

There has been strong input from the finance team in delivering a compliant and robust financial framework across the organisation which has supported our strong performance.

With a revenue growth of 13% for programs and services and a capital growth of 16% including the capitalisation of Hawthorn House, the overall organisational growth was 29%.

HUMAN RESOURCES AND POLICY

Following on from the review of our quality framework, systems, processes and procedures, the Human Resources team have implemented a framework across the organisation, ensuring highly auditable and transparent systems, which have supported the organisation’s growth.

ORGANISATIONAL GROWTH

The department has supported the organisational growth by meeting the rising and ongoing demand, from the increase in recruitment and the related requirements through to asset management and administration.

The number of employees increased from 166 at the end of the previous financial year to 228, an increase of 37%. This figure is inclusive of full time, part time and casual employees.

MEDIA

A strong media presence and performance is necessary for AAWA to fulfil its role in advocacy and awareness. This year saw Dementia Awareness Week expand to Dementia Awareness Month, which ran the month of September. We increased our media activity throughout the year, including talk back radio, television, print and social media. A highlight was the ABC 7.30 WA special at the start of Dementia Awareness Month.

FUNDRAISING AND DONATIONS

The fundraising and donations income for this year was $985,000, an increase of $386,000 from the previous year.

Following the implementation of an improved process that quarantined large donations and bequests, this revenue source showed strong growth. Over $243,000 was bequeathed to AAWA with another 2,548 donations totalling $398,000.

Our heartfelt thanks go out to each and every donor. Every contribution makes a difference and goes towards supporting and raising awareness of people living with dementia.

INFORMATION TECHNOLOGY AND ASSET

The Information Technology and Asset department welcomed a new manager in February 2014 who undertook a review of the systems, processes and procedures of the department.

The implementation of updated systems and processes to streamline and improve functions is well underway.

“I FEEL SO PROUD MANAGING SUCH A DEDICATED AND PASSIONATE TEAM.”

General Manager, Corporate Services – Danielle Wrench
RELOCATION OF METROPOLITAN STAFF

In September 2014, staff who did not have direct consumer contact moved from our Shenton Park office to new premises in Osborne Park creating better work spaces and capacity for growth for the entire organisation.

REFURBISHMENT OF SHENTON PARK

Following the relocation of staff to our new Osborne Park premises, a refurbishment of Shenton Park commenced. It has become a dedicated metropolitan dementia hub providing services and resources to consumers, health and care professionals and members of the community. Counselling, art therapy, a library and resource centre, training and educational services, a men’s shed, family and group facilitation groups, as well as our respite centre, the Mary Chester Club, operate from the refurbished building.

This refurbishment would not be possible without the generous support of Lotterywest, a bequest from the Ramshaw family and the great support of a number of tradesman and trade suppliers.

GROWTH OF MEMORY WALK AND JOG INTO REGIONS

This year we held our inaugural regional Memory Walk and Jog in Albany. This event, now set to run annually, was a huge success as the community came together to support those living with dementia.

The metropolitan event was relocated to Perry Lakes to increase visibility and set the event for future growth.

VOLUNTEERS

We gratefully acknowledge and thank our volunteers, without whom the work we do would not be possible. Our volunteers supported activities throughout the year and provided AAWA with 8329 volunteer hours.

MEMBERSHIP

A strong membership base gives strength to our purpose and is an important part of AAWA. This year AAWA maintained a strong membership of 3,295 members. We thank our members for their contributions throughout the year.

20TH ANNIVERSARY OF TEA DANCE FOR DEMENTIA

Tuesday 12 August marked the 20th annual Mary Chester Centre Tea Dance organised by AAWA for people with dementia and their carers.

This special social event has grown 300% from the first dance held in 1994 to this year’s 300 guests in the magnificent Government House Ballroom.

Old-time dance music was played throughout the event by four-piece band, Satin Doll, Danza Passion treated everyone to a live jive display.

Churchlands Senior High School did an amazing job on catering for all 300 guests whilst once again staff members from the North Rankin Redevelopment project at Woodside provided assistance at the event.

AAWA is ever grateful to MyVista, Silverchain, Bethanie, Woodside and Churchlands Senior High School who made this enriching experience possible.

COMMUNITY FUNDRAISERS AND EVENTS

This year saw a number of Community events held on behalf of AAWA. We thank all our Community.

A number of community fundraising events also took place this year, with thanks going to all the participants. Notable were:

- 2014 HBF Rottnest Channel swim.
- 2014 HBF Run for a Reason.
- 2013 Activ City to Surf.

Special thanks to Andrea Gumina, who with a committee held a dinner dance ‘A Night to Remember’ which raised an incredible $45,000.
MAJOR INITIATIVES

This year saw our Dementia Awareness Week campaign extend to Dementia Awareness Month (DAM) for the first time.

DEMENTIA AWARENESS MONTH

This was expanded to provide more opportunities to educate the community and raise awareness of dementia.

Officially launched at the Art Gallery of Western Australia by The Right Honourable the Lord Mayor, Lisa-M. Scaffidi, DAM was a huge success consisting of many notable highlights:

- An ABC feature on our mission to create a dementia-friendly WA including a story on AAWA consumer advocates, Glenda and Bronte Parkin.
- The opening of the new Hawthorn House in Albany (story below).
- Our ‘Is It Dementia?’ video displayed throughout September on the mega screen at the Perth Cultural Centre amphitheatre.
- An advertising campaign highlighting the need to become a dementia-friendly society thanks to the generosity of Adshel and Westpac Banking Corporation.
- Our Memory Van educated visitors in Busselton, Bunbury and Mandurah during our ‘Life’s Worth Living’ South West Tour. It also visited Perth’s leading shopping centres and spent five days at the Perth Royal Show.
- As part of our public lecture series "Innovations in Dementia" Steve Milton from the UK spoke on Creating Dementia-Friendly Communities.
- Dress Down for Dementia ran each Friday of September using casual Friday donations to make a difference to those living with dementia.
- A fundraising luncheon kindly hosted by Memories Café at the Eastern Goldfields Community Centre in Kalgoorlie.
- Our first rural Memory Walk & Jog was in Albany at Middleton Beach thanks to the sponsorship of Hall & Prior.

HAWTHORN HOUSE

During September, AAWA and the people of Albany celebrated the opening of the $2 million Hawthorn House in Albany.

Hawthorn House is a world class establishment leading the way in dementia care as an enabling home providing a focal point for dementia care services in the region.

AAWA invested considerable effort and resources to bring this project to fruition and are delighted with the end result.

The house offers a non institutionalised care environment, engaging those living with dementia and providing opportunities for purpose, belonging and companionship.

The Hawthorn House style of care is more than a best practice model, it is a real home where staff, volunteers, clients and families have a valued role and experience caring relationship.

The new building is vital for the people of Albany and those in the community who are dealing with dementia either directly or indirectly.

The building of Hawthorn House was made possible thanks to the generous sponsorship of Royalties for Regions, Health Workforce Australia, Home and Community Care (HACC), Lotterywest and the Jack Family Charitable Trust.

MANDURAH TO GET DEMENTIA HUB

AAWA has celebrated its first step in establishing a dementia service hub in Mandurah to emulate the successful Albany model.

The funds for this community based centre have been provided by the very generous Theodore and Isabella Wearne Charitable Trust.

Like Hawthorn House, this Mandurah home in Candelo Loop will be a world class environment for delivering dementia care and supporting clients and families.

AAWA chose the home on a 2,000 sqm block with the support of the Mandurah City Council and regional service providers after consultation with the local community.

The project team will draw on the successes and lessons from the development of the Hawthorn House model. AAWA will move services into the new premises after minor alterations are made.
EVENT HIGHLIGHTS

A glimpse of some of the amazing events we held to raise public awareness of dementia.

THE DEMENTIA PARTNERSHIP PROJECT (DPP) LAUNCH

ALBANY MEMORY WALK

HAWTHORN HOUSE OPENING, ALBANY

DEMENTIA BEHAVIOUR & MANAGEMENT ADVISORY SERVICES (DBMAS) SYMPOSIUM

BRING IT TO THE TABLE LAUNCH

‘THE CARE & THE CURE’ PUBLIC LECTURE SERIES 2014
OUR GENEROUS SPONSORS, DONORS AND CONTRIBUTORS

Alzheimer's Australia WA gratefully acknowledges these organisations, groups and trusts who have shown their support by contributing goods, services or donations to the value of $500 or more.

- Albany Collectors Club
- Albert Van Eyk Award Trust
- Bethanie
- Big Sky Building Society
- Brightwater - The Village
- C.R. Blake
- CGU Foundation
- Charity Greeting Cards Pty Ltd
- Churchlands Senior High School
- CKA Solutions
- Commonwealth Bank - CFS WA
- Corrs Chambers Westgarth
- Country Women’s Association - Wongan Hills
- Country Women’s Association of WA - Gidgegannup Branch
- Country Women’s Association of WA - Kalamunda Branch
- Curtin University
- Denmark Cottage Industries
- Devonshire Pty Ltd - Jack Family Charitable Trust
- Eastbrook Investments
- Ernst & Young
- First Home Buyers Direct
- Fleetwest
- Fun for a Cause
- Galleria Toyota
- Greengib Foundation
- Hall & Prior
- Herbery Smith Freehills
- Honeybunch Family Trust
- Inpex Australia Pty Ltd
- JBWere Charitable Endowment Fund
- Jonwen Pty Ltd
- Kott Gunning
- KPA Architects
- Lions Club of Albany South Coast
- Mandurah Murray Mayday Club Inc
- Marsh Pty Ltd
- MyVista
- Order of the Eastern Star - Perth Chapter 46
- Placer Management Group
- Plantagenet Lodge
- Quality of Life Foundation
- Rotary Club of Albany City
- Rotary Club of Mundaring
- Silver Chain
- Synergy
- Taoist Tai Chi Society of Australia - Albany
- The Bowen Foundation
- United Way WA
- Wattle Hill Lodge
- Western Power
- Westpac
- Williams & Hughes
- Winteringham - The Recruitment Bureau
- Woodside Petroleum
- Wonteco Pty Ltd
- Yokine Districts Bowling Club
- Zernike Australia
OUR WONDERFUL VOLUNTEERS

Elaine Airey
Beverley Alexander
Patricia Anda
Afzala Awan
Anne Bail
Jane Balmer
Sean Barrett
Manuela Basterra
Sophie Bateman
Patricia Bell
Jeryl E Bennett
Dirk Berkhout
Jorja D Bevan
Evan R Biggs
Kathryn Bradshaw
Cath Brindley
Gerald Brown
Peter Brown
Mariangela Browner
Sue Brummell
George L Burdon
Terence Byrne
Val Caldwell
Susan Carter
Emma Ceams
Joanne Chapman
Grace Chow
Mollie Clark
Phyllis Collins
Patricia Connett
Heather Cooper
James R Coutts
Ashleigh Cerie
Cecily Cropley
Hazel Ransdale
Courtney Dalton
Majorie Delane
Raymond Dent
Margaret DeRossi
Nick Di Lorenzo
Angela Dicker
Julie Dickinson
Wendy Ding
Peta Douglas
Pat Dowd
Sam Dowlle
Anthony M Duckett
Annette Eades
Kelly Edmondson
John Edwards
Margaret Edwards
Sara Farrell
Jean Freind
Jessie Flower
Graham Garnett
Noel George
Valerie George
Judith Gibbs
Jim Gibson
Patricia Gignoli
Geogena (Gene) Griffiths
Rob Gordon
Vincent Grogan
Paula Hanson
Molly Harris
Malcolm & Rosemary Hay
Jan Healey
Jane Heath
Kathryn Hebron
Glynis Herbert
Gerald Hewitt
Margaret Hodgson
Jenny Horsley
Joy Houghton
Christine Howe
Siew Huan
Jim Hunt
Diane Jacoby
Susan M Jarvis
Margaret Johnson
Amy Kerman
Bhavni Khimasia
Marcela Kuparinen
Helen Lamont
Geoff Lane
Lyn Le Roux
Joan E Leeder
Graham Leebruggen
Margaret Lesham
Sue Lily
Jason Lovell
Kirsty Low
Anna Lutero
Anni Macbeth
Linda A MacDonald
Dianne L Madden
Dianne P Madden
Desmond Madden
Winifred Malone
Ricci Mardon
Christiane Marshall
Jessica Marthins
Craig Masarei
Tracey Masson
Linda McDonald
Tracey McGuckin
Kristy McFarlane
Christiane Marshall
Jessica Martins
Pauline Marwick
Marli McGuckin
Dorothy Miles
Alison Morris
Kathleen Muntz
Heather Nelson
Ian Nice
Jill O’Connor
Peter Ogborne
Janet Ong
Elizabeth Papasergio
John Parker
Janice Peake
Alan Pickford
Scott Plunkett
Patricia Porter
Barbara Postle
Tony Ramshaw
Mary Roberts
Glencie Robson
Jenny Rogers
Christina Roscoe
Dawn Rose
Silvana Rueda-Saez
Sue Saraceni
Pamela Sargeant
Bronwen Schofield
Maurice Searle
Dina Shah
Yogesh Shah
Faye Sheridan
Stella Sibert
George Sisarich
Mary Skinner
Jean Skipper
Lindsay Slater
Julia Smith
Mollie Smith
Molly Smith
Ray Smith
Roger Smith
Wendy Spinks
Cheryl Stephens
Bill & Eunice Stephenson
Sharon Strachan
Therese Stron
Jane Surry
Noelene Tate
Betty Thackrah
David Thackrah
Elizabeth Thackrah
Sylvia Timmins
Lilah Waterfield
Diane Watkins
Lynda Watson
Jennifer Watt
Marie Watts
Norma West
Joan Williams
Nancu Williamson
Graham & Marion Wilson
Desmond Wolfe
Margaret Wood
Yan Yang
Elizabeth Yates
Ann Zubrick

“WORKING WITH OUR VOLUNTEERS HAS BEEN AND AMAZING AND HUMBLING EXPERIENCE.”
Your directors present this report to the members of Alzheimer’s Australia WA Ltd for the year ended 30 June 2014.

### Directors’ Report

**For the year ended 30 June 2013**

<table>
<thead>
<tr>
<th>Directors</th>
<th>Date Appointed</th>
<th>Board A</th>
<th>Board B</th>
<th>Executive A</th>
<th>Executive B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Craig Masarei</td>
<td>Nov 2002</td>
<td>9</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Mrs Jenny Rogers</td>
<td>Nov 2004</td>
<td>8</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Mr Nick Di Lorenzo</td>
<td>Nov 2002</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Dr Sean Maher</td>
<td>Sept 2010</td>
<td>8</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mrs Jenny Watt</td>
<td>Nov 2005</td>
<td>8</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr Tony Ramshaw</td>
<td>Nov 2006</td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr Andrew Hogan</td>
<td>Nov 2010</td>
<td>1</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ms Amanda Mitchell-Lewis</td>
<td>Nov 2010</td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr Arnold Stroobach</td>
<td>Nov 2012</td>
<td>6</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Michael Preece</td>
<td>Nov 2012</td>
<td>7</td>
<td>10</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Mr Brian Roche</td>
<td>Feb 2013</td>
<td>8</td>
<td>10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr Ian Wells</td>
<td>Mar 2014</td>
<td>4</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ms Rhonda Parker</td>
<td>Sept 2012</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

**A** Number of meetings attended  
**B** Number of meetings held during the time the Director held office during the year

Details of directors’ qualifications, experience and special responsibilities are contained in the table below.

<table>
<thead>
<tr>
<th>Directors</th>
<th>Qualifications</th>
<th>Experience</th>
<th>Special Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Craig Masarei</td>
<td>Bachelor of Jurisprudence, Bachelor of Laws (Hon)</td>
<td>Legal and economic</td>
<td>Chairman</td>
</tr>
<tr>
<td>Mrs Jenny Rogers</td>
<td></td>
<td>Financial Advisor/Equities, Superannuation, Managed Funds</td>
<td>Deputy Chair</td>
</tr>
<tr>
<td>Mr Nick Di Lorenzo (Retired November 2013)</td>
<td>Bachelor of Surgery Fellow of the Royal Australasian College of Physicians</td>
<td>Equities, Superannuation, Managed Funds</td>
<td>Treasurer</td>
</tr>
<tr>
<td>Dr Sean Maher</td>
<td>Bachelor of Medicine, Bachelor of Surgery Fellow of the Royal Australasian College of Physicians</td>
<td></td>
<td>Honorary Medical</td>
</tr>
<tr>
<td>Mrs Jenny Watt</td>
<td>General Nursing and Midwifery Certificates</td>
<td>Carer</td>
<td></td>
</tr>
<tr>
<td>Ms Amanda Mitchell-Lewis (Retired November 2013)</td>
<td>Bachelor of Surgery Fellow of the Royal Australasian</td>
<td>25 years experience Financial Services Industry Managerial training, Practice</td>
<td></td>
</tr>
</tbody>
</table>
## Directors Qualifications Experience Special Responsibilities

<table>
<thead>
<tr>
<th>Name</th>
<th>Qualifications</th>
<th>Experience</th>
<th>Special Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr Tony Ramshaw (Retired</td>
<td>Bachelor of Electrical Engineering Diploma of Management</td>
<td></td>
<td>Business, Project &amp; change management, Operations &amp; maintenance, Carer</td>
</tr>
<tr>
<td>November 2013)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr Andrew Hogan (Retired</td>
<td>BA (Psych) Flinders University</td>
<td>Minister of Religion</td>
<td></td>
</tr>
<tr>
<td>November 2013)</td>
<td>BTh Flinders University</td>
<td>Carer</td>
<td></td>
</tr>
<tr>
<td>Mr Arnold Stroobach</td>
<td>Masters in Business Administration (MBA)</td>
<td>Management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Masters in Medical Informatics (M.Sc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Michael Preece</td>
<td>Advance Certificate of Aircraft Maintenance Engineering Diploma of Nursing</td>
<td>Health Care and Management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bachelor of Nursing</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Post Graduate Diploma of Health Science (Risk Management)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Graduate Diploma of Business (Human Resource Management)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Master of Business Management Doctor of Business Management Administration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr Brian Roche</td>
<td>Bachelor of Business Masters of Management</td>
<td>Finance and Management</td>
<td></td>
</tr>
<tr>
<td>Mr Ian Wells</td>
<td>Bachelor of Business (Accounting)</td>
<td>Finance &amp; Business Management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fellow of CPA Australia and Certified Finance and Treasury Professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ms Rhonda Parker</td>
<td>Diploma of Teaching</td>
<td>Aged care standards and accreditation.</td>
<td>Chief Executive Officer/</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strategic planning and policy development.</td>
<td>Company Secretary</td>
</tr>
</tbody>
</table>

### COMPANY SECRETARY
Ms. Rhonda Parker has been the company secretary since October 2012.

### PRINCIPAL ACTIVITIES
The company’s principal activities during the year were:

- To provide representation and support while advancing the interest of individuals with dementia and their carers at a personal, community and political level.

There were no significant changes in the nature of the company’s activities during the year.
OPERATING RESULT AND REVIEW OF OPERATIONS
The operating result for the year was a profit of $2,488,900 (2013: Loss $2,446,474). The company is exempt from income tax.

A detailed review of operations can be found in the annual report which accompanies this financial report.

DIVIDENDS
The company’s constitution precludes the payment of dividends.

SIGNIFICANT CHANGES IN STATE OF AFFAIRS
In the opinion of the directors, there were no significant changes in the state of affairs of the company that occurred during the financial year under review not otherwise disclosed in this report.

AFTER BALANCE DATE EVENTS
There has not arisen in the interval between the end of the financial year and the date of the report any item, transaction or event of a material and unusual nature that in the opinion of the directors is likely to substantially affect the operations of the company, the results of those operations, or the company’s state of affairs in future financial years.

FUTURE DEVELOPMENTS
The company will continue to carry on the principal activities noted above. There are no likely developments in the activities in future years which will affect the results and therefore require disclosure.

AUDITOR’S INDEPENDENCE
The auditor’s declaration of independence appears on Page 4 and forms part of the Directors’ report for the year ended 30 June 2014.

INDEMNIFICATION AND INSURANCE OF OFFICERS AND AUDITORS
Since the end of the previous financial year the company has paid insurance premiums of $5,973 in respect of directors’ and officers’ liability and legal expenses’ insurance contracts for current and former directors and officers, including senior executives of the company. The insurance premiums relate to:

• Costs and expenses incurred by the relevant officers in defending proceedings whether civil or criminal and whatever the outcome
• Other liabilities that may arise from their position, with the exception of conduct involving wilful breach of duty or improper use of information or position to gain a personal advantage.

The company has not otherwise indemnified or agreed to indemnify an officer or auditor of the company against a liability incurred as such an officer or auditor.

Signed in accordance with a resolution of the directors made pursuant to s.298 (2) of the Corporations Act 2001.

On behalf of the directors:

DIRECTOR
DIRECTOR

PERTH
DAY OF OCTOBER 2014.
AUDITORS INDEPENDENCE DECLARATION
UNDER SECTION 307C OF THE CORPORATIONS ACT 2001

TO THE DIRECTORS OF ALZHEIMER’S AUSTRALIA WA LTD

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2014, there have been:

(i) no contraventions of the auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and

(ii) no contraventions of any applicable code of professional conduct in relation to the audit.

MACRI PARTNERS
CERTIFIED PRACTISING ACCOUNTANTS
SUITE 2, 137 BURSWOOD ROAD
BURSWOOD WA 6100

PERTH
DATED 30TH DAY OF OCTOBER 2014.

A MACRI PARTNER
DISCUSSION & ANALYSIS OF THE FINANCIAL STATEMENTS

INFORMATION ON THE COMPANY’S CONCISE FINANCIAL REPORT FOR THE YEAR ENDED 30TH JUNE 2014

The financial statements and disclosures in the Concise Financial Report have been derived from the 2014 Financial Report of Alzheimer’s Australia WA Ltd and is an extract from the full financial report. A copy of the full financial report and auditor’s report will be sent to any member, free of charge, upon request.

The information about the concise financial report is provided to assist members in understanding this report and is based on the company’s consolidated financial statement and has been derived from the full 2014 Financial Report of Alzheimer’s Australia WA Ltd.

STATEMENT OF COMPREHENSIVE INCOME

The profit for the year is $2,488,900 mainly derived from the accounting gain in relation to capitalization of Albany building project and donations and gifts. Profit from the investment portfolio is $194,589 for the year. Compared to prior financial year, total income has increased by $3,106,995 (29.39%) whilst expenditure has decreased by $1,828,379 (14.05%).

STATEMENT OF FINANCIAL POSITION

The total Assets of the company increased to $17,313,954. This increase is attributable to the following:

• An increase in the value of Property, Plant and Equipment via acquisition, completion of Albany Building Project.

Total liabilities decreased by $1,095,476 (19.81%) derived from the significant reduction in unexpended funding surplus.

STATEMENT OF CASH FLOW

Cash flow from operating activities has seen a slight decrease by $10,269 because of a decrease in interest, dividends and fees received compared to last year. Cash flow from investing activities is negative due to the ongoing investment in the Albany building project. Cash flow from financing activities is negative due to finance vehicle lease payments and the separation of Rockingham branch as of 151 July 2013.

There has been a total decrease in cash and cash equivalents for the year of $581,424.

STATEMENT OF CHANGES IN EQUITY

The equity of AAWA has increased by $2,564,928. This is due largely to the accounting gain from capitalization of Albany building project.
## STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2014

<table>
<thead>
<tr>
<th></th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>13,677,476</td>
<td>10,570,481</td>
</tr>
<tr>
<td>Employee benefits expense</td>
<td>(8,252,547)</td>
<td>(7,331,842)</td>
</tr>
<tr>
<td>Depreciation and amortisation expense</td>
<td>(178,042)</td>
<td>(167,698)</td>
</tr>
<tr>
<td>Finance costs</td>
<td>(26,616)</td>
<td>(57,724)</td>
</tr>
<tr>
<td>Other expenses</td>
<td>(2,731,371)</td>
<td>(5,459,691)</td>
</tr>
<tr>
<td></td>
<td>(11,188,576)</td>
<td>(13,016,955)</td>
</tr>
</tbody>
</table>

**Profit/(Loss) for the year**

<table>
<thead>
<tr>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>2,488,900</td>
<td>(2,446,474)</td>
</tr>
</tbody>
</table>

**Other Comprehensive Income:**

<table>
<thead>
<tr>
<th></th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net change in fair value of financial assets</td>
<td>194,859</td>
<td>184,423</td>
</tr>
<tr>
<td>Revaluation of Land</td>
<td>-</td>
<td>8,616,168</td>
</tr>
<tr>
<td>Other comprehensive income for the year</td>
<td>194,859</td>
<td>8,800,591</td>
</tr>
<tr>
<td><strong>Total comprehensive income for the year</strong></td>
<td>2,683,759</td>
<td>6,354,117</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these concise financial statements.
## STATEMENT OF FINANCIAL POSITION
### AS AT 30 JUNE 2014

<table>
<thead>
<tr>
<th></th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>1,979,241</td>
<td>2,560,665</td>
</tr>
<tr>
<td>Trade and other receivables</td>
<td>427,449</td>
<td>194,931</td>
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<tr>
<td>Inventories</td>
<td>19,895</td>
<td>28,680</td>
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<tr>
<td>Prepayments</td>
<td>127,402</td>
<td>14,172</td>
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<tr>
<td><strong>Total Current Assets</strong></td>
<td>2,553,987</td>
<td>2,798,449</td>
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<tr>
<td><strong>Non Current Assets</strong></td>
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<tr>
<td>Financial Assets</td>
<td>1,409,425</td>
<td>1,416,863</td>
</tr>
<tr>
<td>Property, Plant and Equipment</td>
<td>13,301,756</td>
<td>11,564,144</td>
</tr>
<tr>
<td>Intangible Assets</td>
<td>48,786</td>
<td>65,048</td>
</tr>
<tr>
<td><strong>Total Non Current Assets</strong></td>
<td>14,759,967</td>
<td>13,046,055</td>
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<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>17,313,954</td>
<td>15,844,503</td>
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<tr>
<td><strong>Liabilities</strong></td>
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<td></td>
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<tr>
<td><strong>Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade and other payables</td>
<td>1,277,389</td>
<td>2,518,839</td>
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<tr>
<td>Borrowings</td>
<td>192,157</td>
<td>149,547</td>
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<tr>
<td>Provisions</td>
<td>719,492</td>
<td>609,268</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>2,189,038</td>
<td>3,277,654</td>
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<tr>
<td><strong>Non Current Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Borrowings</td>
<td>2,000,000</td>
<td>2,000,000</td>
</tr>
<tr>
<td>Provisions</td>
<td>244,183</td>
<td>251,044</td>
</tr>
<tr>
<td><strong>Total Non Current Liabilities</strong></td>
<td>2,244,183</td>
<td>2,251,044</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>4,433,221</td>
<td>5,528,697</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td><strong>12,880,733</strong></td>
<td><strong>10,315,806</strong></td>
</tr>
<tr>
<td><strong>Members’ Funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revaluation Surplus</td>
<td>9,285,610</td>
<td>9,285,610</td>
</tr>
<tr>
<td>Retained Earnings</td>
<td>3,595,123</td>
<td>1,030,196</td>
</tr>
<tr>
<td><strong>TOTAL MEMBERS’ FUNDS</strong></td>
<td><strong>12,880,733</strong></td>
<td><strong>10,315,806</strong></td>
</tr>
</tbody>
</table>

The accompanying notes form part of these concise financial statements.
## STATEMENT OF RECOGNISED INCOME AND EXPENDITURE FOR THE YEAR ENDED 30 JUNE 2014

<table>
<thead>
<tr>
<th></th>
<th>RETAINED EARNINGS $</th>
<th>ASSET REVALUATION RESERVE $</th>
<th>TOTAL $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Balance at 30 June 2012</strong></td>
<td>3,292,247</td>
<td>669,442</td>
<td>3,961,689</td>
</tr>
<tr>
<td>Profit/(Loss) attributable to operating activities of the company</td>
<td>(2,446,474)</td>
<td>-</td>
<td>(2,446,474)</td>
</tr>
<tr>
<td>Other Comprehensive Income</td>
<td>184,423</td>
<td>8,616,168</td>
<td>8,800,591</td>
</tr>
<tr>
<td><strong>Balance at 30 June 2013</strong></td>
<td>1,030,196</td>
<td>9,285,610</td>
<td>10,315,806</td>
</tr>
<tr>
<td>Profit attributable to operating activities of the company</td>
<td>2,488,900</td>
<td>-</td>
<td>2,488,900</td>
</tr>
<tr>
<td>Other Comprehensive Income</td>
<td>194,859</td>
<td>-</td>
<td>194,859</td>
</tr>
<tr>
<td>Rockingham Branch Separation</td>
<td>(118,831)</td>
<td>-</td>
<td>(118,831)</td>
</tr>
<tr>
<td><strong>Balance at 30 June 2014</strong></td>
<td>3,595,123</td>
<td>9,285,610</td>
<td>12,880,733</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these concise financial statements.
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2014

<table>
<thead>
<tr>
<th>CASH FLOWS FROM OPERATING ACTIVITIES</th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipts from:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Donations and gifts</td>
<td>707,565</td>
<td>607,120</td>
</tr>
<tr>
<td>- Government grants</td>
<td>11,304,477</td>
<td>10,535,502</td>
</tr>
<tr>
<td>- Interest received</td>
<td>54,775</td>
<td>97,707</td>
</tr>
<tr>
<td>- Dividends received</td>
<td>82,725</td>
<td>94,471</td>
</tr>
<tr>
<td>- Fees &amp; Charges</td>
<td>496,160</td>
<td>765,573</td>
</tr>
<tr>
<td>- Other Receipts</td>
<td>324,291</td>
<td>360,576</td>
</tr>
<tr>
<td>GST Paid</td>
<td>(643,490)</td>
<td>(718,031)</td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(10,909,748)</td>
<td>(10,284,787)</td>
</tr>
<tr>
<td>Borrowing Costs</td>
<td>(26,616)</td>
<td>(57,724)</td>
</tr>
</tbody>
</table>

**NET CASH FLOWS FROM OPERATING ACTIVITIES**

1,390,138 1,400,407

<table>
<thead>
<tr>
<th>CASH FLOWS FROM INVESTING ACTIVITIES</th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proceeds from sale of property, plant and equipment</td>
<td>235,813</td>
<td>131,203</td>
</tr>
<tr>
<td>Purchase of property, plant and equipment</td>
<td>(1,870,724)</td>
<td>(374,132)</td>
</tr>
<tr>
<td>Net movement from sale/purchase of financial assets</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NET CASH FLOWS USED IN INVESTING ACTIVITIES**

(1,634,911) (242,929)

<table>
<thead>
<tr>
<th>CASH FLOWS FROM FINANCING ACTIVITIES</th>
<th>2014 $</th>
<th>2013 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proceeds from borrowings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance lease payments</td>
<td>(217,820)</td>
<td>(141,188)</td>
</tr>
<tr>
<td>Payment to Rockingham Branch on separation</td>
<td>(118,831)</td>
<td>-</td>
</tr>
</tbody>
</table>

**NET CASH FLOWS USED IN FINANCING ACTIVITIES**

(336,651) (141,188)

<table>
<thead>
<tr>
<th>CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net increase/(decrease) in cash and cash equivalents</td>
<td>(581,424)</td>
<td>1,016,290</td>
</tr>
<tr>
<td>Cash and cash equivalents at the beginning of the financial year</td>
<td>2,560,665</td>
<td>1,544,375</td>
</tr>
<tr>
<td></td>
<td>1,979,241</td>
<td>2,560,665</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these concise financial statements.
**NOTES TO THE CONCISE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2014**

**NOTE 1: BASIS OF PREPARATION OF THE CONCISE FINANCIAL REPORT**

The concise financial report is an extract of the full financial report for the year ended 30 June 2014. The concise financial report has been prepared in accordance with Australian Accounting Standard AASB 1039: Concise Financial Reports and the Corporations Act 2001.

The financial statements, specific disclosures and other information included in the concise financial report are derived from, and are consistent with, the full financial report of Alzheimer’s Australia WA Ltd. The concise financial report cannot be expected to provide as detailed an understanding of the financial performance, financial position and financing and investing activities of Alzheimer’s Australia WA Ltd as the full financial report. A copy of the full financial report and auditor’s report will be sent to any member, free of charge, upon request.

The financial report of Alzheimer’s Australia WA Ltd complies with all Australian equivalents to International Financial Reporting Standards (AIFRS) in their entirety. The presentation currency used in this concise financial report is Australian dollars.

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>(a) Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sale of goods</td>
<td>6,346</td>
<td>7,760</td>
</tr>
<tr>
<td>Rendering of services</td>
<td>430,982</td>
<td>406,390</td>
</tr>
<tr>
<td>Government grants</td>
<td>10,174,311</td>
<td>8,506,408</td>
</tr>
<tr>
<td>Donations and gifts</td>
<td>985,204</td>
<td>599,016</td>
</tr>
<tr>
<td>Legacies</td>
<td>-</td>
<td>8,104</td>
</tr>
<tr>
<td>Revenue from Rockingham Branch</td>
<td>-</td>
<td>9,847</td>
</tr>
<tr>
<td><strong>(b) Other income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Interest</td>
<td>54,775</td>
<td>97,707</td>
</tr>
<tr>
<td>-Dividends</td>
<td>82,725</td>
<td>94,471</td>
</tr>
<tr>
<td>Net change in fair value of financial assets</td>
<td>194,859</td>
<td>184,423</td>
</tr>
<tr>
<td><strong>(c) Expenses</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Finance costs</td>
<td>26,616</td>
<td>57,724</td>
</tr>
<tr>
<td>Depreciation</td>
<td>178,042</td>
<td>167,698</td>
</tr>
<tr>
<td>Operating lease payments</td>
<td>13,740</td>
<td>39,229</td>
</tr>
<tr>
<td>Auditors’ remuneration</td>
<td>44,660</td>
<td>56,430</td>
</tr>
<tr>
<td>Write off Curtin Project</td>
<td>-</td>
<td>2,606,213</td>
</tr>
</tbody>
</table>
NOTES TO THE CONCISE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2014

NOTE 3: SEGMENT REPORTING
The company operates predominately in one business and geographical segment being provision of community services in Western Australia.

NOTE 4: EVENTS AFTER THE REPORTING PERIOD
There are no matters or circumstances that have arisen since the end of the financial year that have significantly affected or may significantly affect the operations of the company, the results of those operations or the state of affairs of the company except for the information disclosed in the Directors’ report.
The Directors of the Alzheimer’s Australia WA Ltd declare that the accompanying concise financial report of Alzheimer’s Australia WA Ltd for the financial year ended 30 June 2014:

a. complies with Accounting Standard AASB 1039: Concise Financial Reports; and

b. is an extract from the full financial report for the year ended 30 June 2014 and has been derived from and is consistent with the full financial report of Alzheimer’s Australia WA Ltd.

This declaration is made in accordance with a resolution of the Board of Directors.

DIRECTOR

PERTH
DAY OF OCTOBER 2014.

DIRECTOR
INDEPENDENT AUDITOR’S REPORT

INDEPENDENT AUDITOR’S REPORT
TO: THE MEMBERS OF ALZHEIMER’S AUSTRALIA WA LTD

REPORT ON THE CONCISE FINANCIAL REPORT
The accompanying concise financial report of Alzheimer’s Australia WA Ltd comprises the Statement of Financial Position as at 30 June 2014, the Statement of Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended and related notes, derived from the audited financial report of Alzheimer’s Australia WA Ltd for the year ended 30 June 2014, as well as the discussion and analysis. The concise financial report does not contain all the disclosures required by Australian Accounting Standards.

DIRECTORS’ RESPONSIBILITY FOR THE CONCISE FINANCIAL REPORT
The directors are responsible for the preparation and fair presentation of the concise financial report in accordance with Accounting Standard AASB 1039: Concise Financial Reports (including Australian Accounting Interpretations), statutory and other requirements. This responsibility includes establishing and maintaining internal controls relevant to the preparation of the concise financial report; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

AUDITOR’S RESPONSIBILITY
Our responsibility is to express an opinion on the concise financial report based on our audit procedures. We have conducted an independent audit, in accordance with Australian Auditing Standards, of the full financial report of Alzheimer’s Australia WA Ltd for the year ended 30 June 2014. Our auditor’s report on the financial report for the year was signed on 30 October 2014 and was unmodified. Australian Auditing Standards require that we comply with the relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report for the year is free from material misstatement.

Our procedures in respect of the concise financial report included testing that the information in the concise financial report is derived from, and is consistent with the financial report for the year, and examination on a test basis, of evidence supporting the amounts, discussion, and analysis, and other disclosures which were not directly derived from the financial report for the year. These procedures have been undertaken to form an opinion whether, in all material respects, the concise financial report complies with Accounting Standard AASB 1039: Concise Financial Reports and whether the discussion and analysis complies with the requirements laid down in AASB 1039.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.
INDEPENDENT AUDITOR ‘S REPORT (continued)

Independence
In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declarations required by the Corporations Act 2001, provided to the directors of Alzheimer’s Australia WA Ltd on 30 October 2014, would be in the same terms if provided to the directors as at the date of this auditor’s report.

Auditor’s Opinion
In our opinion, the concise financial report, including the discussion and analysis of Alzheimer’s Australia WA Ltd for the year ended 30 June 2014 complies with Accounting Standard AASB 1039: Concise Financial Reports.

The following paragraph is copied from our report on the financial report for the year. The emphasis of matter in that report does not apply to our opinion on the Concise Financial Report for the reason stated above in our Auditor’s Opinion.

We draw attention to the fact that cash donations and gifts are a source of revenue for Alzheimer’s Australia WA Ltd. Alzheimer’s Australia WA Ltd has determined that it is impracticable to establish control over cash donations and gifts prior to entry into its financial records. Accordingly, as the evidence available to us regarding revenue from this source was limited, our audit procedures with respect to cash donations and gifts have to be restricted to the amounts recorded in the financial records. Our opinion is unmodified in respect of this matter.

MACRI PARTNERS
CERTIFIED PRACTISING ACCOUNTANTS
SUITE 2, 137 BURSWOOD ROAD
BURSWOOD WA 6100

PERTH
DATED 30TH DAY OF OCTOBER 2014.
TESTIMONIALS

“Very helpful, informative and friendly…”
I was desperate for information on how to cope as a carer for someone with dementia. Alzheimer’s Australia WA has been very helpful, informative and friendly. Their services are important to those with dementia, carers and leading the general public on how to accept and interact with those who live with dementia.

Lynn Blenkinsop
Perth, Western Australia

“Amazing organisation with such a worthy cause…”
When my grandmother was diagnosed with dementia, I came across Alzheimer’s Australia WA. They helped us cope as a family and provided us with a wealth of resources and information that everyone in this situation needs.

Josh Catalano
Former Masterchef Australia Contestant
Doubleview, Western Australia

“Alzheimer’s Australia WA is the biggest help…”
Since Bob was diagnosed with dementia, Alzheimer’s Australia WA has been the biggest help for us. They have numerous resources, brochures, helpful trained staff, support groups and an easy to use website with lots of hints and tips for helping out in situations.

Bob and Val Jenner

“I can’t imagine our journey without the help of Alzheimer’s Australia WA…”
Just go for it, I don’t know what holds people back from accessing help. There will be breakthroughs, support, and changes and choices. I can’t imagine the journey without the help of Alzheimer’s WA. The best thing you can do is get in touch with them.

Jayne Surry
Perth, Western Australia

“AAWA is such a wonderful support…”
I cannot speak highly enough of the services and support provided by Alzheimer’s Australia WA to those who contact them. It is such a big help to know we have someone to ask for help and advice when we need it. We have been connected to AAWA for about six years and they have been a wonderful support.

Dorothy Bennie
Perth, Western Australia

“Alzheimer’s Australia WA means a lot to me…”
When mum was diagnosed, we didn’t know much about dementia. Things happened and we just didn’t know how to handle situations. Alzheimer’s Australia WA is an organisation that understands us and is a tremendous support for mum.

Stefania Muscara
Former My Kitchen Rules Contestant
Dianella, Western Australia