

ANNUAL REPORT

WA 2014/15



**UNDERSTAND ALZHEIMER'S
EDUCATE AUSTRALIA**
FIGHTDEMENTIA.ORG.AU

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.

CONTENTS

4-5	Chairman's Report
6-7	CEO's Report
8-9	Medical Report
10-15	Strategic Objectives
16-17	ADI Conference
18-19	Event Highlights
20	Our Generous, Funders, Sponsors, Donors and Contributors
21	Our Wonderful Volunteers
22-24	Directors' Report
25	Auditor's Independence Declaration
26	Discussion and Analysis
27	Statement of Comprehensive Income
28	Statement of Financial Position
29	Statement of Recognised Income and Expenditure
30	Statement of Cash Flows
31	Notes to Concise Financial Report
32	Directors' Declaration
33	Independent Auditor's Report
34	Testimonials

ELLA'S HOUSE

In 2015, Alzheimer's Australia WA opened another high quality, person-centred dementia facility in the City of Mandurah.

Ella's House in Greenfields is a residential dementia hub catering for the growing number of people in the region who have been diagnosed with dementia and continue to live in the community.

Ella's House was made possible because of a very generous endowment from the Theodore & Isabella Wearne Charitable Trust. Alzheimer's Australia WA and the region are deeply indebted to this game changing generosity from the Trust that will transform dementia services to Mandurah.

For those living with dementia, Ella's House will provide services such as home respite, individual social support, counselling, carer support groups, social support groups and day centre services and training and education to people living with dementia, their carers and families.

FRONT COVER PHOTOS FROM TOP; PORTRAIT: THEODORE & ISABELLA WEARNE, LOCAL COUPLE JOHN AND JO-ANN O'NEIL WITH CHAIRMAN CRAIG MASAREI, MINISTER FOR HEALTH HON KIM HAMES MLA WITH TRUSTEE SHIRLEY ALTREE, TRUSTEES ROSEMARY PEEK, SHIRLEY ALTREE AND GEOFF TAYLOR WITH CEO RHONDA PARKER

CHAIRMAN'S REPORT

Alzheimer's Australia WA (AAWA) has had a year of sound financial performance amidst the delivery of insightful new projects and yet another wonderful dementia hub and respite facility.

These twelve months have seen improvements in our financial reporting along with better policy frameworks to guide our fiscal analysis. It was pleasing for the Board to see such progress made and that the AAWA audit reflected good governance and robust systems.

As you will read in this report, with sincere thanks to the Theodore and Isabella Wearne Charitable Trust, Ella's House opened in Mandurah to provide a new hub for dementia services to this popular retirement zone. This hub is for all our dementia services. AAWA is aware of the range of excellent services already available in the area. We will strive to ensure that both people living with dementia and their carers, as well as many industry professionals charged with care and treatment, have access to person-centred care and the best quality in training and support from our team.

We were joined at the opening by Hon Dr Kim Hames Deputy Premier, Minister for Health and Tourism, the Theodore and Isabella Wearne Trustees, Hon Nigel Charles Hallett MLC and Mr Harry Nannup, a local elder who conducted the welcome to country and told us of his life growing up around Ella's House. Dozens of our local consumers settled into their new house with us. Words cannot express our gratitude for the benevolent kindness that lead to this hub being possible.

Giant steps were taken in both the Dementia Friendly Communities Project funded by The Department of Local Government and Communities and the Dementia Partnership Project funded by the Health Department. This has

involved the due diligence phase of the projects, such as research, environmental assessment and partnership building. The very basis of these programmes is that paradigm shift that can only happen in a collaborative way. To achieve change, those providing services to those living with dementia in areas like local government, community care and culture and the arts need to commence with a common understanding that change is not only needed, it is essential. Now so, much groundwork has been done, we face an exciting future supporting change.

Another significant event of the last year was the hosting of the Alzheimer's Disease International Conference in April 2015. A number of people commented that it changed the conversation about dementia. I would have to agree and also say that the voices of some of the world's leading experts in strategy, cures and care alongside the voice of people living with dementia resonated widely, attracting more than 1000 delegates and reaching more than 10,000,000 through various media. It positioned dementia more prominently on the Australian health map.

AAWA continues to see the landscape change for federal aged care and disability reforms. Shifts such as consumer directed care require us to change, so we maintain our leadership role advocating for people living with dementia and continue as the leading provider of services for the future. These reforms have seen changes already, which has meant important areas like the Younger Onset Dementia KeyWork Programme have come under the spotlight. This has allowed us to highlight the importance of

such programmes.

Strategically, we have to prepare for quite a different future and navigate of the challenges with those living with dementia as our primary focus. The next two years are a time of challenges for us as we navigate these changes.

I would like to thank my fellow Board members, senior management staff and volunteers and supporters for their support and huge efforts over the past 12 months. The members of the Executive Deputy Chair, Jenny Rogers and Treasurer, Dr Michael Preece continue to make major contributions to our leadership efforts along with all their Board colleagues.

We also owe much to Dr Sean Maher as our Medical Director who keeps us across the changing face of the treatment and cure landscape.

Rhonda Parker, our CEO continues to lead the organisation to a stronger position in a time where the future remains ever changing.

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



CRAIG MASAREI
CHAIRMAN

BOARD MEMBERS



JENNY ROGERS
VICE CHAIRPERSON



DR MICHAEL PREECE
TREASURER



IAN WELLS
DIRECTOR



ARNOLD STOBACH
DIRECTOR



JENNY WATT
DIRECTOR



DR SEAN MAHER
MEDICAL DIRECTOR



BRIAN ROCHE
DIRECTOR



BRONTE PARKIN
DIRECTOR



RHONDA PARKER
CEO / COMPANY SECRETARY





The opening of Ella's House in Mandurah in September was a game changer for consumers living with dementia in the Peel region.

The mix of people living with dementia, carers, volunteers, supporters and our team resembled a family birthday party. When the choir started to sing and we all joined in, no one who just arrived would have seen anything but a reunion of family or friends hitting full swing.

The opening of Ella's House was a truly human experience that will touch the lives of thousands of people over time. The contribution of the Theodore & Isabella Wearne Charitable Trust

“It's a home, a safe gathering place, a learning place, a place of tears but also a place of a whole lot of laughter.”

These words from consumer and friend John O'Neill at the opening of our new Ella's House in Mandurah captured so much of what we strive for and believe in as an organisation.

of funds to purchase this house has changed dementia care in the Peel region forever. We remain grateful for such a significant endowment.

The events at the opening of Ella's House highlights our philosophy that dementia is a human experience rather than just a biological condition. Our care environments and services will always look like a simple, caring environment. However, behind that appearance is a commitment to the best training and planning to ensure a therapeutic experience delivered by skilled professionals leave the participants with a sense of their value and greater wellbeing that will provide benefit for hours and days to follow. We never simply entertain or pass the time with our very important consumers participants in our services.

The other major event of the last year was AAWA's hosting of the ADI's International Conference on dementia. With over 1,000 delegates from 48 countries, this was a significant and successful event (see story inside). Our commitment to consumer involvement saw more than 10 percent of the registered delegates made up of people living with dementia.

While major events are markers that the outside world can see, more important are the internal activities of the staff, volunteers and the Board, and the quality and nature of that work. This is the real engine room of our reputation, where values and culture drive how we do what we do. AAWA is an organisation where our vision, philosophy, purpose and values are relevant daily, and actively influence our activity, and are expected to do so.

This last year good governance, effective management, and responsiveness to challenges were high on the agenda. The delivery of significant programs has continued to develop and expand. The Dementia Partnership Project and the Dementia Friendly Communities Project will be new to you. We have improved our engagement with consumers through the advocates and ambassadors programs.

Importantly, our Strategic Plan for 2015 – 2018 was completed. This document will be a road map to guide us as we strive to deliver our vision for a society committed to preventing dementia, while valuing and supporting people who live with it.

On the road to consumer directed care,

we have ensured our service levels remain as industry best practice and that our leadership will champion person-centred care for people living with dementia.

The federal reforms are changing the way dementia services will be funded and accessed. They are creating a competitive market where former collaborators are becoming competitors. The government and providers will need to ensure that people with dementia are better off as a result of this transformations upheaval.

The reforms present challenges for AAWA, but we are up to them. Our financial disciplines and systems are well developed, we have a strong brand, and we are conscious of our mandate to advocate for and support the quality of life for all those living with dementia. As dementia specialists, we have a unique role to play. Change is never comfortable, but it presents great opportunities for the strong and the willing. Our staff are skilled and passionate professionals. We have always met change and challenge with vigour and entrepreneurship, and I have no doubt we will do the same in the year ahead.

The need to advance the commitment to person-centred care responses to those living with dementia remains acute. For me, the biggest challenge is to increase our reach so that a much greater proportion of the 32,000 Western Australians with dementia will know of the support available and access services so that no one travels the dementia journey alone or unsupported.

I am proud of each staff member delivering high quality services and support across this vast state. I particularly thank all of those who qualify as 'heavy lifters'. I also thank the many volunteers who enable greater quality in our programs. They are invaluable members of our team. I thank the General Managers who manage their departments with great responsibility and leadership.

I also like to thank the Board for their contributions. In particular, I'd like to thank the Executive of Craig, Jenny and Michael for their consistent support and involvement. Despite their busy working and personal lives, they are always available and committed to do whatever is required for the strong leadership of

this great organisation to continue.

I also thank all of our industry partners, supporters, and in particular the State and Federal Governments for dementia programme and education funding.

To those who give, you make a world of difference to what we can do. You also encourage us as you join us in meeting the challenge before us.

To those living with dementia, we strive to ensure that every experience with us ensures you feel valued as an individual, and that you know you have purpose and meaning. Consumers remain at the core of our reason for being.

I commend this Annual Report to you. This year it reports against the six strategic objectives that give AAWA the compass to lead the way into the future.

Thank you for the opportunity to serve as the CEO of this fine organisation



RHONDA PARKER
CEO



United We Stand

Dementia is now the second most common cause of death in Australia and deserves status as a National Health Priority. International efforts are underway to better coordinate research into the prevention, diagnosis, cure and management of dementia. Large research groups are increasingly uniting to share not just data but also share protocols to ensure that data collected will be standardised and useable by others. This multiplies the value of projects enormously if they can be combined with others for analysis.

The Australian Government is committing \$200m over five years to its boosting Dementia Research Initiative. \$50m of this is to fund a National Institute for Dementia Research (NIDR) auspiced by the National Health and Medical Research Council. Alzheimer's Australia has been appointed to run the NIDR, which will be led by Prof John McCallum and a multidisciplinary group of expert advisors. The NIDR will identify research priorities; encourage coordination and collaboration in research; provide linkages to community groups, clinicians and service providers to allow translation of research outcomes; develop partnerships between researchers, philanthropists and industry; and facilitate Australian participation in international collaborations. (nhmrc.gov.au/research/boosting-dementia-research-initiative/specific-elements-boosting-dementia-research-initiative.)

The remainder of the funding will be directed to large scale research projects (\$95m); expanding the capacity and scope of new researchers into dementia (\$46m); and direct support of \$9m to the Clem Jones Centre for Ageing Dementia Research at the Queensland Brain Institute at the University of Queensland. (In March, researchers announced a novel approach using therapeutic ultrasound which cleared 50% of beta amyloid in a mouse model of Alzheimer's Disease (AD) and resulted in improved performance on mouse memory tests. Human trials are a few years off though!)

\$35.6m of the research funds have gone to support large team grants in

August this year. These projects are diverse and include: Using online tools to educate people regarding reducing risk factors for dementia; Better diagnostic detection of non-Alzheimer's types of dementia; Vascular mechanisms of neurodegeneration; Molecular origins of frontotemporal dementia and motor neurone disease; Early detection of AD; and a programme to improve the quality of life for people with dementia and their carers.

Prevention

Lifestyle measures to reduce the risk of dementia are vital, especially in the absence of any cure. Researchers at Rush University combined the Mediterranean diet together with another diet shown to lower cardiovascular disease, to produce the the MIND diet. 923 people already enrolled in a longitudinal study of memory and ageing were assessed for their diet over a 10 year period. Those with the best adherence to the MIND diet reduced their risk of getting AD by up to 53%, but even those who followed the diet modestly reduced their risk by 35%.

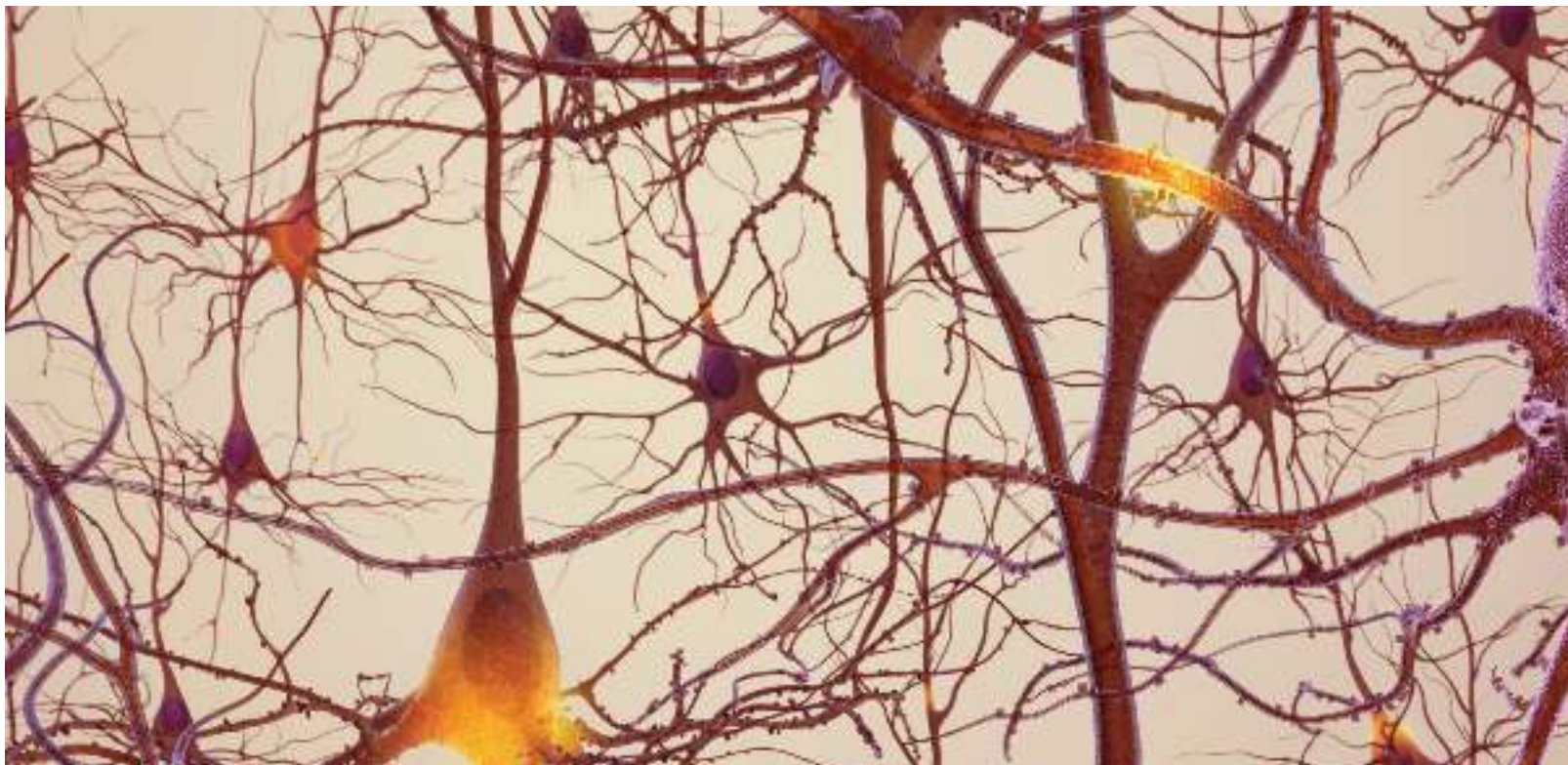
The importance of risk factors was highlighted again this year by data from the Baltimore Longitudinal Study on Ageing, which showed that obesity or being overweight at age 50 increased the risk of AD. A higher body mass index correlated with earlier onset of AD of 7 months for every unit increase in BMI. Those with higher BMIs also had higher amyloid plaque burdens on brain imaging; those with higher BMIs who

had autopsies also had higher levels of neurofibrillary tangles. This meshes with other evidence that keeping healthy during one's middle years is important to reduce the risk of dementia.

Exercise as both prevention and therapy for dementia continues to gain evidence. Much work remains to be done with regards to the type of exercise (aerobic vs resistance), the "dose" or duration and at what stages of life and cognitive impairment there may be derived a reasonable benefit. There is mounting evidence that exercise is beneficial in mild cognitive impairment but not yet in established dementia.

The PACE-2 study looked at older people with mild cognitive impairment and diabetes. Half had supervised, moderate intensity aerobic exercise for six months while controls underwent stretching only. The exercise group showed reduced levels of biomarkers that indicate neuronal damage; improved blood flow to regions of the brain significant in ageing and AD; and had improved executive functioning on cognitive testing. The PROMOTE study in people with mild cognitive impairment due to vascular disease showed preserved global cognitive functioning and reduced blood pressure with six months of aerobic exercise three times weekly. However, the Phase 3 ADEX study of people with established moderate Alzheimer's Disease had aerobic exercise three times weekly for 16 weeks with improvements in mood but not cognition.

Several studies show benefits from six



months of exercise, usually three times per week. Moderate aerobic exercise to get the heart rate to 60- 80% of functional capacity seems necessary and may be what is needed to improve blood flow to the brain and improve glucose metabolism within the brain, which is impaired in dementia. It is recognised however that providing exercise classes to older cognitively impaired people requires some adaptation. As an effective treatment for mild cognitive impairment (not to mention falls prevention and depression), exercise classes should be rebatable from health funds or Medicare!

Cure

This year's Alzheimer's Association International Conference revealed the progress of trials of four different monoclonal antibodies designed to bind to various forms of beta amyloid - aducanumab, gantenerumab, solanezumab and crenezumab. Unfortunately, none produced any clinically meaningful improvements, but did reduce plaque burden. This was sometimes at the expense of side effects related to the doses used. Nevertheless, all four will be progressing to more trials. The suggestion is that these drugs may still provide treatment but only at an early stage.

Therapies aimed at clearing beta amyloid have been underwhelming to say the least. The search for other treatments is still raising tantalising possibilities, but so far only in mice. For example, a compound known as IRL-1620, which stimulates endothelin B receptors was given to mice who had been injected with beta amyloid to simulate AD. Compared to those that didn't receive IRL-1620, treated mice improved in performance of

memory tasks by 50% and had reduced measures of oxidative stress, as well as having signs of repair present with more neurons and blood vessels. Increased levels of other potentially beneficial molecules such as nerve growth factor and vascular endothelial growth factor resulted from IRL-1620 in a separate study, resulting in better performance of mice in memory tasks. The beneficial effects of exercise on the brain are thought to be due partly to generation of nerve growth factors within the brain. Novel targets like this may yet yield valuable therapies. Studies on other novel, non-amyloid directed therapies are still underway.

Detection

In the USA, the FDA has given formal support to the use of some biomarkers in clinical trials for the early detection of AD, namely hippocampal volume on MRI scans, and CSF levels of beta amyloid, tau and phosphorylated tau. This will save researchers from having to justify their use in every trial, saving time and money. However, the search for other reliable predictors continues. Researchers at Washington University revealed progress in using Neurogranin, a protein present at synapses, as a marker of synaptic degeneration in AD. Elevated levels of neurogranin in cerebrospinal fluid correlate with increasing degrees of cognitive impairment; healthy controls with elevated levels were much more likely to progress to cognitive impairment within 2- 3 years. Given that other studies show the protein is specific for AD pathology, it represents an important biomarker for early diagnosis and potentially to measure response to

therapies.

Nuclear medicine imaging using brain PET scans to detect tau protein is shedding light on the progression of tau pathology in AD, and other dementias. The field is still rapidly developing but shows promise for detection of AD and differentiating AD from other dementias.

Care

A recurring theme at the ADI Conference in Perth this year was the importance of relationship centred care for people with dementia in residential care. Although person-centred care has been a major step forward, having care provided by only a few people results in significantly less behavioural issues with better quality of life for residents as well as staff satisfaction. An environment which provides people with meaningful activity and purpose keeps people engaged, mobile and unlikely to display behavioural disturbance. This vision is manifest in the Dutch Nursing home, Hogewey, in which residents live in group homes appropriate to their previous way of life, but still in a secure village setting in which they can walk freely, go shopping, and sit in the village square. This is an inspirational model!

Although there were no "breakthroughs" in the last year, uniting with a focus on research collaboration in Australia and internationally is bound to accelerate progress such that we may soon see some genuine advances in detection and therapy. Prevention and excellent care remain just as important as ever.

DR SEAN MAHER
MEDICAL DIRECTOR

DELIVERING ON OUR OBJECTIVES

STRATEGIC OBJECTIVE 1: ADVOCACY To create a better world for those living with dementia in care, research, services and understanding



ART AT THE CONFERENCE

“We believe the creation of a dementia friendly society is essential.”

STRATEGIC PLAN

ALZHEIMER'S DISEASE INTERNATIONAL CONFERENCE 2015

1,100 DELEGATES
48 COUNTRIES | **5,000,000 MEDIA REACH**
120 PEOPLE LIVING WITH DEMENTIA & PRESENTATIONS

It was a coup bringing the world's most important dementia conference to Perth with delegates and presenters from around the world. It delivered on so many objectives including advocating for better research, care and understanding of the dementia experience as well as gaining support on the need for a global strategy. Media and social media coverage reached millions of Australians and countless international readers showing the topic is a global hot button.

YOUNGER ONSET DEMENTIA KEY WORKER PROGRAMME

290 CONSUMERS
250,000 MEDIA REACH IN THE CAMPAIGN

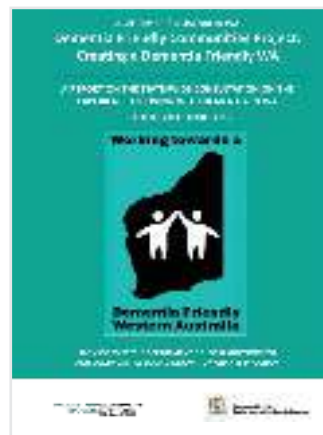
In July, WA took part in a national media campaign reaching 250,000 Western Australians to lobby to retain the programme and highlight the needs of consumers and the priorities for the team in the light of plans to move it to NDIS.

The YOD programme is the primary contact point for those people aged under 65. The programme also supports service providers by assisting them to consider key aspects when setting up a programme for people from this age group. The small team has had an essential role in a model similar to a case worker model where they deliver a person-centred approach and develop individualised care plans and creative solutions.

ADVOCATES

42 NEW ADVOCATES

The Dementia Advocate Programme was redesigned and relaunched with 42 advocates recruited to represent people living with dementia in public forums and media. We believe the voices of those living with dementia remain the most important opinions in advocating change, improving support and highlighting inequity.



DEMENTIA FRIENDLY COMMUNITIES

AN AUSTRALIAN FIRST REPORT

333 PARTICIPANTS

12 COMMUNITY CAFES 7 TOWNS & CITIES

The landmark Dementia Friendly Communities Project report – Creating a Dementia Friendly WA – was released during Dementia Awareness Month. It was compiled with those living with dementia, their carers and industry professionals in research to understand what it is like to live with dementia in their community. The next phase of the project is to work with local governments and pilot sites to support them in implementing dementia friendly planning.

STRATEGIC OBJECTIVE 2: AWARENESS AND UNDERSTANDING

Increasing knowledge and reducing stigma

GENERAL AWARENESS

MORE THAN 142 MAJOR STATE AND REGIONAL MEDIA STORIES REACH >1,000,000

WEBSITE

GROWTH UP 71 % FROM PREVIOUS YEAR TO 125,614 PAGE VIEWS

1 HOUR

DEMENTIA FORUM ON ABC RADIO

3 FUNDRAISING & AWARENESS EVENTS

7,000 MAGAZINES DISTRIBUTED

2 MAJOR APPEALS

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

STRATEGIC PLAN

DBMAS

799 CLIENTS

DIRECT MAIL TO GPs **2,850**

WEBSITE VISITS **4,127**

RACGP CONFERENCE

THERE IS A DIFFERENCE

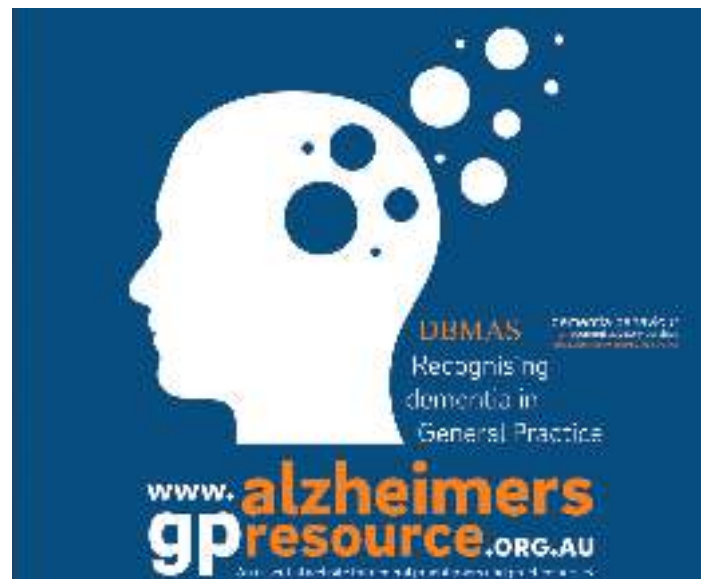
between forgetting your daughter's birthday and forgetting you have a daughter...



DEMENTIA AWARENESS MONTH SEPTEMBER 2015

It was a month with a variety of strong targeted messages with mainstream advertising intersecting with extensive social media activity and regular media coverage. There was a final reach of nearly 1,000,000 increasing awareness and promoting the National Dementia Helpline.

OUTDOOR REACH	75,000
SOCIAL MEDIA REACH	25,000
PRINT AND TV REACH	460,000
MEDIA COVERAGE REACH	400,000



DBMAS POSTER

Our expanded Dementia Behaviour Management Advisory Service (DBMAS) has seen growth in clients for the year, and a high traffic to the www.alzheimersaustraliagpresource.com.au, our comprehensive resource for general practitioners. Our first attendance at the RACGP conference in July was very important supported by a direct mail to improve awareness to all 2,850 GPs in the state.

DELIVERING ON OUR OBJECTIVES

STRATEGIC OBJECTIVE 3: EXEMPLAR DEMENTIA CARE AND SUPPORT SERVICES

Leading the way in person-centred care

SERVICES

HOURS OF RESPITE		SOCIAL SUPPORT 21,335 HOURS	HELPLINE 2,278 CALLS
METROPOLITAN	2,561		
YORK	2,581	COUNSELLING 1,093 SESSIONS	
KALGOORLIE	3,173		
ALBANY*	29,052		

*Including 7,861 hours of overnight respite

LIVING WITH MEMORY LOSS	11 PROGRAMS	159 PARTICIPANTS
	7 SUPPORT GROUPS	53 SESSIONS
	198 SUPPORT GROUP PARTICIPANTS	

“Our key focus is on ensuring that those who live with dementia have the very best support services possible available to them.”

STRATEGIC PLAN



ELLA'S HOUSE, MANDURAH



MARY CHESTER CLUB



HAWTHORN HOUSE, ALBANY

Ella's House in Mandurah opened bringing a third high-quality respite venue into the AAWA family and joining the much loved Mary Chester Club and Hawthorn House. It supports a great local team providing a permanent home for a new level of person-centred services for people living with dementia, their

carers as well as the professionals delivering services in the Peel region.

One year on, the new Hawthorn House has allowed us to grow services to Albany with a far bigger facility able to accommodate a more comprehensive programme.

STRATEGIC OBJECTIVE 4: TEACHING, LEARNING AND CAPACITY BUILDING

Providing knowledge for those living with dementia, their carers and support and the rest of the WA



TEACHING IN PROGRESS

TEACHING

AAWA is a nationally registered training organisations (RTO) and continued to deliver the highest level of training available



PARTICIPANTS

COMMUNITY EVENTS	1,460
PROFESSIONAL WORKSHOPS	1885
FAMILY WORKSHOPS	407
CERT IV ON DEMENTIA PRACTICE Two qualification programmes	16
DEMENTIA CARE ESSENTIAL Three 3-day programmes	392
DEMENTIA CARE ESSENTIAL Four 2-day programmes	116
DESIGN FOR DEMENTIA WORKSHOPS Two workshops	20
PUBLIC LECTURES	12
ENABLING WORKSHOP	16

CHOIR 40 people per session 722 HOURS AVERAGE

INFORMATION & RESOURCE CENTRE VISITS
751 visitors | 408 calls

“We will support the development, demonstration and adoption of exemplar models of care through our own services and by building the capacity of others.”

STRATEGIC PLAN

DEMENTIA PARTNERSHIP PROJECT

PHASE 1	✓ COMPLETE
PHASE 2	UNDERWAY

Phase 1 is complete of the Dementia Partnership Project (DPP). In partnership with the Department of Health WA and AAWA, DPP aims at improving the support provided to people living with dementia in the community. The project’s primary aim is to build capacity within the community care sector through a variety of avenues. The first step was understanding the need in the sector was to conduct research and identify pilot sites. Phase 2 of the project will see the implementation of the training and support of partners.

STUDENT PLACEMENT

41 STUDENTS  **5000 HOURS OF PRACTICAL EXPERIENCE**

Student practicum placement, funded through the generosity of our kind donors, offers a unique opportunity. It provides rich and varied range of clinical and practical fieldwork opportunities to learn about the journey of dementia, how the illness affects those living with it, their families and carers, and the wide range of interventions that can support and assist people living with dementia.

DBMAS SYMPOSIUM

135 HEALTH PROFESSIONALS

DBMAS continues its leadership role delivering its third two-day symposium for those working in residential aged care. International dementia expert David Sheard headlined the speakers list and there was a wide range of topics from sexuality to legal rights from experts around Australia.



FRIENDS IN HARMONY, CHOIR OPENS THE SYMPOSIUM

DELIVERING ON OUR OBJECTIVES

STRATEGIC OBJECTIVE 5: RESEARCH AND INNOVATION

Always looking to positive change, progress and better futures



THE SENSORY GARDEN AT ADI 2015

DEMENTIA ENABLING ENVIRONMENTS

The Dementia Enabling Environment Project (DEEP) continues to support the development of physical environments that both increase access and enable people living with dementia. The team has provided advice on the Garden City Shopping Centre expansion as well as delivering training to the City of Perth. It has also conducted environmental audits and developed garden designs for a number of aged care providers during the year and created the sensory garden for ADI 2015 (above).



“We are an active advocate, supporter, participant and partner in research.”

STRATEGIC PLAN

DFC ENVIRONMENTAL AUDIT TOOL

A key development this year has been working with the University of Wollongong to develop a new audit tool for public access buildings as well as a new information section on the DEEP website that will help banks, libraries, art galleries, shops etc design more dementia enabling buildings. These important tools will prove very useful as Australia moves to a more dementia friendly society.



MAX AND BARBARA'S APARTMENT

MAX AND BARBARA'S APARTMENT

A significant project was undertaken with DeFiddes Design as part of the ADI 2015 conference to build a real world showcase apartment. Max and Barbara's apartment was a big highlight of the conference and showcased the latest dementia design ideas and assistive technology.



COMMUNICAID APP

COMMUNICAID APP

Released in 2015, this touch screen technology supports people with dementia who have expressive language difficulties. This world first development enables a person to create an individual CommunicAid, on a touch screen tablet to make their daily needs, choices and decisions known to others.

STRATEGIC OBJECTIVE 6: LONGEVITY AND FINANCIAL SUSTAINABILITY

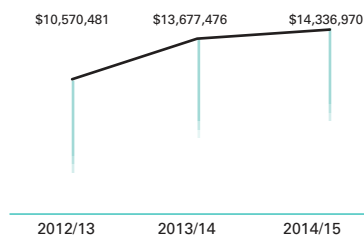
Being here for people living with dementia as long as we are needed

“We are committed to a long-term sustainable financial future. This requires AAWA to be reputable, accountable, financially robust, and transparent and have high standards of governance.”

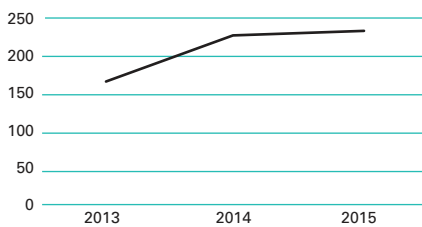
STRATEGIC PLAN

HIGHLIGHTS

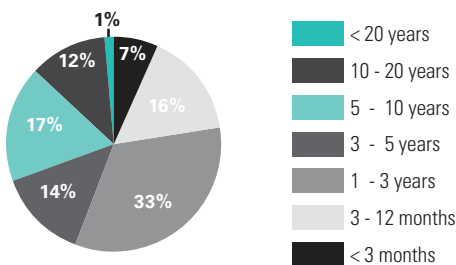
Revenue growth



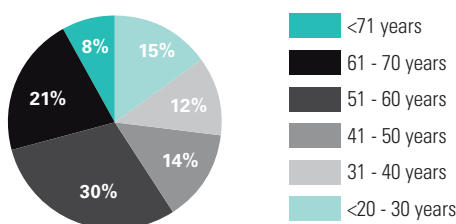
Growth in employees – 3 years graph



Length of service employees



Age of employees



Board governance

- Procurement process reengineered.
- \$750,000 Ella's House capitalised.
- Successful audits included ASQUA, HACC, Eden, NHCP and financial.
- Bequest programme launched.

In June, our York Respite team was audited to ensure it met with the rigorous standards of our funding. It was a tribute to the team and the management that the operation was completely compliant. Operating a service in the regional areas of WA is a challenge for any respite services but it was one we were very much able to meet. We received positive feedback from the quality auditors and consumers involved.

FINANCIAL

There was a strong financial performance for the year underpinned by the continuous improvement commitment of the past several years which continued throughout financial year 2014-2015. Financial reporting and procurement were revised to allow for improved, robust and durable systems and processes to effectively manage the finances of AAWA.

The organisation reported a better than forecast financial result, a result of many factors including robust financial management and diligent human resource management.

Improvements in the quality and policy framework have been a feature of 2015.

The Strategic Plan 2015-2018 was developed and created, providing a strong foundation and framework for planning and innovation for the next three years.

FUNDRAISING

The fundraising activities for the year provided an almost record result with the strongest performer continuing to be the generosity of regular large donors. We are humbled by the generosity from our supporters standing by people living with dementia with bequests, endowments and personal donations. Every cent counts to help those living with dementia.

We are also thankful for the actions of our many amazing community fundraisers. Whilst there are too many to name, all of have shown how to make a difference, raising much needed funds and awareness for dementia.

DONATION	290,680
BEQUESTS	275,279
FUNDRAISING	307,541
TOTAL	\$873,508

DONOR FUNDED SERVICES

A gift of peace

One of the most meaningful examples has been how donations have helped us create the three best person-centred respite facilities in Perth, Mandurah and Albany. For many of our consumers these centres are their second home.

A gift of knowledge

In the last year, thanks to donations, we delivered 5,000 hours in our student practicum placement programme to ensure the doctors and nurses of tomorrow are able to stand side by side with those living with dementia. This programme is funded entirely from donations.

Caring for carers

Thanks to donations, we have ensured carers are cared for in our facilities so new rooms and furniture make these spaces welcome 'time out' places.

PROJECTS

The opening of Ella's House in Mandurah was the pinnacle of a complex and challenging project, to take a beautiful family home that had been empty for some time and make it a dementia friendly enabling environment. There were some key challenges that brought out the range of skills and expertise on everything from landscaping to architectural design in the AAWA team.

The work of the external building team hand in hand with the AAWA team was a very successful partnership. Mandurah was a very useful learning process for the future. Many thanks to Chris, Graeme and others in the building sector, who worked for 'mates rates' to produce such a great result.



DR AL POWER

2015 Alzheimer's Disease International Conference – Perth plays host to the world

In April 2015, more than 1,000 delegates from 48 countries gathered for the Alzheimer's Disease International conference (ADI) hosted by AAWA to discuss the latest research, the best practice in care and to hear from people living with dementia.

Almost four million tweets around the world. That's how many times the conference topics were talked about – tweeted- on social media channel Twitter. This is striking proof that the topic of dementia is globally compelling and relevant to everyday lives.

The first presenter, Elizabeth Gelfand-Stearns, is one of the insightful co-producers who brought the movie *Still Alice* to the big screen. She spoke about how the movie was designed to shine a light on Alzheimer's disease.

"We now want to use the movie to help move the cause forward, like Philadelphia did for HIV and A Beautiful Mind did for schizophrenia," Stearns said. The sadness of the story and academy award winning acting has opened millions of eyes to what dementia actually means.

One of the key goals of the conference was to include the voice of people living with dementia. A major highlight was Edie Mayhew and Anne Tudor who shared their experience of Edie's journey from pre-diagnosis through to diagnosis with younger onset dementia.

"Early detection and advice is very important," Edie said, after telling attendees it took more than five years from first noticing memory problems to receiving a proper clinical diagnosis from a neurologist.

Professor Martin Prince from the Centre for Global Mental Health at Kings College in London spoke about dementia prevention and care in an ageing world. Prince is the person behind many of the major reports delivered in the UK that led to Prime Minister David Cameron's commitment to a dementia-friendly nation as well as the G8 reports. He emphasised dementia requires global action, cooperation and information pooling.

Dr Serge Gauthier, Director of the Alzheimer's Disease Research Unit at Université de Montréal in Canada gave a concise overview of the latest science in diagnosis and treatment. It was one of the highlights of the conference.

He spoke about the experimental disease treatment called Aducanumab trialled in people with early stages of Alzheimer's disease that has shown to reduce amyloid

plaque levels, and in turn, slow down their cognitive decline. He also spoke about the Finnish 'FINGER' study. In one of the most comprehensive studies to date, Finnish researchers have shown in their two year study that older adults with a diagnosis of dementia who follow a healthy eating plan and undertake regular exercise and brain-training activities have enhanced memory performance over those who don't.

In the area of diagnostics, Associate Professor Nora Lad focused on developments in retinal eye imaging to detect Alzheimer's disease before symptoms occur. The future could see your optometrist give you a dementia diagnosis with your eye check 20 years before symptoms appear and in turn, giving you time to make lifestyle changes to reduce your risk as well as slow down the advance of the disease.

There were strong words from Dr Al Power, one of the world's authorities on care in medical facilities and at home. He stressed the need to focus on wellness and not illness. His work in transformative care has made a huge impression,



EDIE MAYHEW AND ANNE TUDOR



DR SERGE GAUTHIER



WELCOME TO COUNTRY - RICHARD WALLEY

challenging the industry to focus on wellbeing in dementia care.

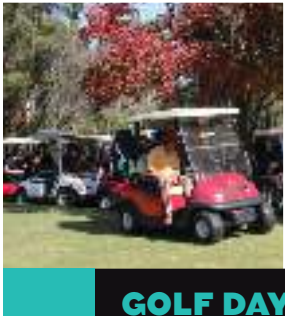
A unique focus of this conference was to create a dementia friendly conference, that is one that included and involved people living with dementia. More than 120 people living with dementia from around the world attended the conference as delegates. This brought a raw honesty and was the defining point of the conference. Speakers and attendees living with dementia mixed with doctors and care professionals and shared their lives openly. There is no better person to raise the need for better care, and cures than someone living with dementia. A commonly expressed view of many of these delegates was

the stigma they felt. To most of the delegates who attended, the experiences that were shared will stay with us forever.

Four years ago, AAWA made the bold bid to bring the international conference to Perth with a plan of raising the profile of dementia in Australia and opening eyes to new thinking and global cooperation. ADI 2015 changed the conversation about dementia and about those who live with it. It brought a focus of the 'personhood' of those living with dementia – that the person is still intact despite some of the cognitive functions being impaired. Let's hope these gains will not be lost into the future.



EVENT HIGHLIGHTS



GOLF DAY

Amazing 10-year-old Olivia remembered, with much help from Dad Geoff, the rest of her family and her dad's great mates raised more than \$11,000 in their golf day.



HBF RUN FOR A REASON

70 runners and walkers entered for us in the 2015 HBF Run For A Reason raising more than \$20,000.



RUNNING FOR DEMENTIA

Imagine what it would be like to run 3 marathons in three days. That was the amazing feat achieved by Caris as she raised more than \$10,000.



STADIUM SNAPPERS

The Snappers snapped up \$4000 in donations in their swimathon at HBF Stadium.



ALBANY MEMORY WALK

More than 300 braved the prediction of rain to walk Middleton Beach for those living with dementia in the 2nd annual Albany Memory Walk almost doubling the 2014 total.



CUPCAKE KING

Cole Christides set up a giant morning of fun with his cupcake stall at Yalumna Primary School.



BRING IT TO THE TABLE

Josh Catalano again led the way for fundraising at our most delicious event of the year, kicking off with a Forrest Chase all star gala seafood lunch.



CORPORATE BREAKFAST

The who's who of our corporate supporters attended a gala breakfast at Crown in November, including fascinating talks by Graeme Samuel and Lyn Blenkinsop.



ANNUAL TEA DANCE

The Governor's Ballroom was again the venue for the dance famed as it is only open to people living with dementia and their families. The dance floor was full all afternoon.



DBMAS SYMPOSIUM

In July 2015, our DBMAS delivered its third two-day symposium for 135 professionals working in residential aged care.



DEMENTIA AWARENESS MONTH

A busy Dementia Awareness Month was kicked off with help from the Hon Tony Simpson MLA Minister for Local Government and Mayor of City of Wanneroo Tracy Roberts.

OUR GENEROUS SPONSORS, FUNDERS DONORS AND CONTRIBUTORS

Alzheimer's Australia WA gratefully acknowledges these funders, organisations, groups and trusts who have shown their support by contributing funds, goods, services or donations.



- Hall and Prior
- Albany Advertiser
- City of Mandurah
- Churchlands Senior High School
- Silverchain
- Woodside Petroleum
- Galleria Toyota
- LotteryWest
- Hertz
- Stadium Snappers
- Community Mates
- Bunnings Home Base
- Dyson
- Matt de Boer – Fremantle Dockers
- 64 on the floor
- Marsh Group
- Golden Ravioli
- Fremantle Sailing Club
- Subiaco Men's Shed
- Bunnings Innaloo
- Fremantle Dockers
- Danny Green
- Sound Solutions Audio and Lighting
- Café Jazz
- That Food Truck
- Carine Golf Club
- Aussie Spring Water
- Coca Cola

VOLUNTEERS

Our marvellous volunteers

Patricia Anda	Marjorie Delane	Margaret Johnson	Mary Rigby
Heidi Atchison	Margaret DeRossi	Helena Johnstone	Val Rob
Anne Bail	Angela Dicker	Erika Keane	Mary Roberts
Sarah Baker	Julie Dickinson	Amy Kerman	Bronwen Schofield
Jane Balmer	Peta Douglas	Marcela Kuparinen	Darren Scott
Glenn Balmer	Seymour (Pat) Dowd	Geoff Lane	Dina Shah
Elizabeth Barbour	Anthony Duckett	Kelsey Lazarakis	Yogesh Shah
Sean Barrett	Roderick Duff	Graham Leembruggen	Faye Sheridan
Sophie Bateman	Annette Eades	Margaret Lesham	Stella Sibert
Patricia Bell	Keeley Englund	Sue Lily	Mary Skinner
Jeryl Bennett	Sara Farrell	Felipe Lopez	Jean Skipper
Dirk Berkhout	Jessie Flower	Kirsty Low	Molly Smith
Evan Biggs	Val George	Anni Macbeth	Julia Smith
Margaret Blaney-Murphy	Noel George	Linda Anne MacDonald	Ray Smith
John Blaney-Murphy	Patricia Gignoli	Winifred Malone	Wendy Spinks
Ian Brooks	Lorraine Grinstead	Christiane Marshall	Jeanine Stringfellow
Gerald Brown	Vincent Grogan	Jessica Marthins	Lauren Sweeney
George Burdon	Paula Hanson	Pauline Marwick	Robyn Terry
Terence Byrne	Elizabeth Harrison	Suzanne Mills	Elizabeth Thackrah
Emma Cearns	Malcolm & Rosemary Hay	Iran Milne	Jose van den Akker
Grace Chow	Jan Healey	Christine Morgan	Diane Watkins
Mollie Clark	Jane Heath	Kathleen Muntz	Lynda Watson
Phyllis Collis	Kathryn Hebron	Heather Nelson	Marie Watts
Katelyne Connor-Robinson	Glynis Herbert	Jill O'Connor	Elizabeth West
Jim Coutts	Margaret Hodgson	Janet Ong	Joan Williams
Lucinda Coward	Martina Hofer	Sue Owen	Angela Williams
Beverley Cox	Jenny Horsley	Elizabeth Papasergio	Nancy Williamson
Nigel Crawley	Joy Houghton	Arthur Pearce	Graham & Marion Wilson
Ashleigh Crierie	Christine Howe	Alan Pickford	Desmond Wolfe
Courtney Dalton	Siew Huan	Scott Plunkett	Joe Wolinski
Margaret De Rossi	Dianne Jacoby	Marija Popovic	Yan Yang
Margaret Dearden	Susan Jarvis	Barbara Postle	Elizabeth Yates
Lynette Delane	Jamie Johnson	Tony Ramshaw	

DIRECTORS' REPORT

FOR THE YEAR ENDED 30 JUNE 2015

Your directors present this report to the members of Alzheimer's Australia WA Ltd for the year ended 30 June 2015.

Directors	Date Appointed	Board		Executive	
		A	B	A	B
Mr Craig Masarei	Nov 2002	7	9	7	8
Mrs Jenny Rogers	Nov 2004	8	9	7	8
Dr Sean Maher	Sept 2010	7	9		
Mrs Jenny Watt	Nov 2005	8	9		
Mr Arnold Stroobach	Nov 2012	7	9		
Dr Michael Preece	Nov 2012	4	9	4	8
Mr Brian Roche	Feb 2013	5	9		
Mr Ian Wells	Mar 2014	4	9		
Mr Bronte Parkin	Nov 2014	5	9		
Ms Rhonda Parker	Sept 2012	9	9	8	8

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.

Directors	Qualifications	Experience	Special Responsibilities
Mr Craig Masarei	Bachelor of Jurisprudence, Bachelor of Laws (Hon)	Legal and economic	Chairman
Mrs Jenny Rogers		Financial Advisor/ Equities, Superannuation, Managed Funds	Deputy Chair
Dr Sean Maher	Bachelor of Medicine Bachelor of Surgery Fellow of the Royal Australasian College of Physicians		Honorary Medical
Mrs Jenny Watt	General Nursing and Midwifery Certificates	Carer	
Mr Arnold Stroobach	Masters in Business Administration (MBA) Masters in Medical Informatics (M.Sc)	Management	
Dr Michael Preece	Advance Certificate of Aircraft Maintenance Engineering Diploma of Nursing Bachelor of Nursing Post Graduate Diploma of Health Science (Risk Management) Graduate Diploma of Business (Human Resource Management) Master of Business Management Administration Doctor of Business Management Administration	Health Care and Management	Treasurer

Directors	Qualifications	Experience	Special Responsibilities
Mr Brian Roche	Bachelor of Business Masters of Management	Finance and Management	
Mr Ian Wells	Bachelor of Business (Accounting); Fellow of CPA Australia; and Certified Finance and Treasury Professional	Finance & Business Management	Building & redevelopment
Mr Bronte Parkin	BAppSc (Physics)(Curtin); BEd (UWA); MACE (Life Member)	Carer; Education administration; Public Sector corporate governance and strategic resource management	
Ms Rhonda Parker	Diploma of Teaching	Aged care standards and accreditation. Strategic planning and policy development.	Chief Executive Officer/ Company Secretary

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 \$1,284,504 (2014: Profit \$2,488,900). The company is exempt from income tax.

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

AUDITOR'S INDEPENDENCE DECLARATION

TO THE DIRECTORS OF ALZHEIMER'S AUSTRALIA WA LTD

In accordance with the requirements of section 60-40 of the Australian Charities and Not for Profits Commission Act 2012, as lead auditor for the audit of Alzheimer's Australia WA Ltd for the year ended 30 June 2015, I declare that, to the best of my knowledge and belief, there have been:

- no contraventions of the auditor independence requirements of the Australian Charities and Not for Profits Commission Act 2012 in relation to the audit; and
- no contraventions of any applicable code of professional conduct in relation to the audit.

MACRI PARTNERS

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



**A MACRI
PARTNER**

**PERTH
DATED 30 OF SEPTEMBER 2015.**

DISCUSSION AND ANALYSIS OF THE FINANCIAL STATEMENTS

INFORMATION ON THE COMPANY'S CONCISE FINANCIAL REPORT FOR THE YEAR ENDED 30TH JUNE 2015

The financial statements and disclosures in the Concise Financial Report have been derived from the 2015 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 has been derived from the full 2015 Financial Report of Alzheimer's Australia WA Ltd.

STATEMENT OF COMPREHENSIVE INCOME

The profit for the year is \$1,284,504 mainly derived from the accounting gain in relation to capitalisation of Mandurah building project and donations and gifts. Profit from the investment portfolio is \$30,985 for the year. Compared to prior financial year, total income has increased by \$659,494 (4.82%) whilst expenditure has increased by \$1,863,889 (16.66%).

STATEMENT OF FINANCIAL POSITION

The total Assets of the company increased to \$19,088,191. This increase is attributable to the following:

An increase in the value of Work in Progress via acquisition, renovation of Mandurah Building Project.

An increase in the value of Cash and cash equivalents via receipt of major gifts and donations and bequests.

Total liabilities increased by \$458,748 (10.35%) derived from grant contract received in advance.

STATEMENT OF CASH FLOW

Cash flow from operating activities has seen a significant increase by \$786,701 because of a major increase in Government grant contracts received compared to last year. Cash flow from investing activities is negative due to the ongoing investment in the Mandurah building project. Cash flow from financing activities is negative due to finance vehicle lease payments.

There has been a total increase in cash and cash equivalents for the year of \$1,253,732.

STATEMENT OF CHANGES IN EQUITY

The equity of AAWA has increased by \$1,315,489. This is due largely to the accounting gain from capitalisation of Mandurah building project.

STATEMENT OF COMPREHENSIVE INCOME

FOR THE YEAR ENDED 30 JUNE 2015

	2015	2014
	\$	\$
Revenue	14,336,970	13,677,476
Employee benefits expense	(9,747,495)	(8,252,547)
Depreciation and amortisation expense	(229,453)	(178,042)
Finance costs	(23,430)	(26,616)
Other expenses	(3,052,087)	(2,731,371)
	(13,052,465)	(11,188,576)
Net surplus (deficit) for the year	1,284,504	2,488,900
Other Comprehensive Income:		
Net change in fair value of financial assets	30,985	194,859
Revaluation of Land	-	-
Other comprehensive income for the year	30,985	194,859
Total comprehensive income for the year	1,315,489	2,683,759
Net current year surplus attributable to members of the company	1,315,489	2,683,759
Total comprehensive income attributable to members of the company	1,315,489	2,683,759

The accompanying notes form part of these concise financial statements.

STATEMENT OF FINANCIAL POSITION

AS AT 30 JUNE 2015

	2015	2014
	\$	\$
Assets		
Current Assets		
Cash and cash equivalents	3,232,973	1,979,241
Trade and other receivables	143,801	427,449
Inventories	11,548	19,895
Prepayments	95,389	127,402
Total Current Assets	3,483,711	2,553,987
Non Current Assets		
Financial Assets		
Property, Plant and Equipment	14,074,557	13,301,756
Intangible Assets	32,524	48,786
Total Non Current Assets	15,604,480	14,759,967
TOTAL ASSETS	19,088,191	17,313,954
Liabilities		
Current Liabilities		
Trade and other payables	1,525,073	1,277,389
Borrowings	254,316	192,157
Provisions	829,913	719,492
Total Current Liabilities	2,609,302	2,189,038
Non Current Liabilities		
Borrowings	2,000,000	2,000,000
Provisions	282,667	244,183
Total Non Current Liabilities	2,282,667	2,244,183
TOTAL LIABILITIES	4,891,969	4,433,221
NET ASSETS	14,196,222	12,880,733
Members' Funds		
Revaluation Surplus	9,285,610	9,285,610
Retained Earnings	4,910,612	3,595,123
TOTAL MEMBERS' FUNDS	14,196,222	12,880,733

The accompanying notes form part of these concise financial statements.

STATEMENT OF RECOGNISED INCOME AND EXPENDITURE

FOR THE YEAR ENDED 30 JUNE 2015

	Retained Earnings	Asset Revaluation Reserve	Total
	\$	\$	\$
Balance at 1 July 2013	1,030,196	9,285,610	10,315,806
Profit attributable to operating activities of the company	2,488,900	-	2,488,900
Other Comprehensive Income	194,859	-	194,859
Rockingham Branch Separation	(118,831)	-	(118,831)
Balance at 30 June 2014	3,595,124	9,285,610	12,880,734
Profit attributable to operating activities of the company	1,284,504	-	1,284,504
Other Comprehensive Income	30,985	-	30,985
Balance at 30 June 2015	4,910,613	9,285,610	14,196,223

The accompanying notes form part of these concise financial statements.

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 30 JUNE 2015

	2015	2014
	\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts from:		
- Donations and gifts	1,923,186	707,565
- Government grants	12,371,246	11,304,477
- Interest received	61,456	54,775
- Dividends received	79,488	82,725
- Fees & Charges	472,765	496,160
- Other Receipts	291,892	324,291
GST Paid	(830,198)	(643,490)
Payments to suppliers and employees	(12,166,675)	(10,909,748)
Borrowing Costs	(26,321)	(26,616)
NET CASH FLOWS FROM OPERATING ACTIVITIES	2,176,839	1,390,138
CASH FLOWS FROM INVESTING ACTIVITIES		
Proceeds from sale of property, plant and equipment	272,159	235,813
Purchase of property, plant and equipment	(916,146)	(1,870,724)
Net movement from sale/purchase of financial assets	-	-
NET CASH FLOWS USED IN INVESTING ACTIVITIES	(643,987)	(1,634,911)
CASH FLOWS FROM FINANCING ACTIVITIES		
Proceeds from borrowings	-	-
Finance lease payments	(279,119)	(217,820)
Payment to Rockingham Branch on separation	-	(118,831)
NET CASH FLOWS USED IN FINANCING ACTIVITIES	(279,119)	(336,651)
Net increase/(decrease) in cash and cash equivalents	1,253,733	(581,424)
Cash and cash equivalents at the beginning of the financial year	1,979,241	2,560,665
CASH AND CASH EQUIVALENTS AT THE END OF THE FINANCIAL YEAR	3,232,973	1,979,241

The accompanying notes form part of these concise financial statements.

NOTES TO THE CONCISE FINANCIAL REPORT

FOR THE YEAR ENDED 30 JUNE 2015

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 2015. The concise financial report has been prepared in accordance with Australian Accounting Standard AASB 1039: Concise Financial Reports and the Australian Charities and Not for Profits Commission Act 2012.

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.

	2015	2014
	\$	\$

NOTE 2: REVENUE, OTHER INCOME AND EXPENSES

(a) Revenue

Sale of goods	4,062	6,346
Rendering of services	508,875	430,982
Government grants	11,151,420	10,174,311
Donations and gifts	1,623,508	985,204

(b) Other income

Investment income		
- Interest	61,456	54,775
- Dividends	108,294	82,725
Net change in fair value of financial assets	30,985	194,859

(c) Expenses

Finance costs	23,430	26,616
Depreciation	229,453	178,042
Operating lease payments	7,018	13,740
Auditors' remuneration	41,800	44,660

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.

DIRECTORS' DECLARATION

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 2015:

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

is an extract from the full financial report for the year ended 30 June 2015 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



DIRECTOR



PERTH

Dated 25 of September 2015.

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 2015, 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 2015, 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 2015. Our auditor's report on the financial report for the year was signed on 23 September 2015 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.

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 2015 complies with Accounting Standard AASB 1039: Concise Financial Reports.

Emphasis of Matter in the Auditor's Report on the Financial Report for the Year

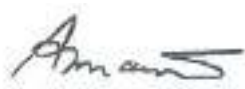
The following paragraph is copied from our report on the financial report for the year. The emphasis of matter in that report does not apply to our opinion on the Concise Financial Report for the reason stated above in our Auditor's Opinion.

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 RD
BURSWOOD WA 6100

PERTH
Dated 30 of September 2015.



A MACRI
PARTNER

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.

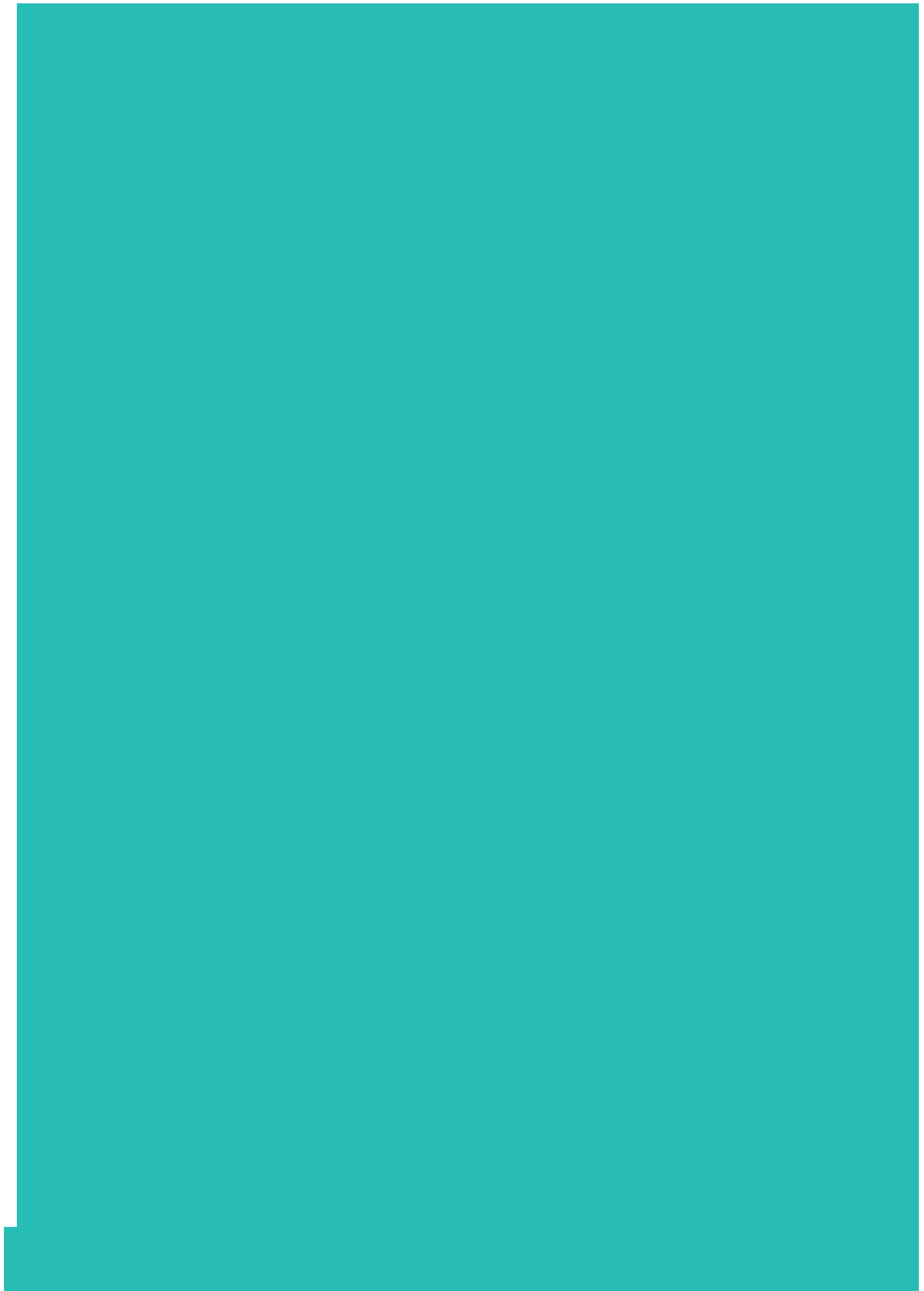
DOROTHY BENNIE
PERTH, WESTERN AUSTRALIA



“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



ALZHEIMER'S AUSTRALIA WA LTD

ABN 82 102 951 986

HEAD OFFICE

55 Walters Drive, Osborne Park WA 6017


Telephone: (08) 9388 2800

Facsimile: (08) 9388 2739

PO Box 1509, Subiaco WA 6904


alzwa@alzheimers.org.au

WWW.FIGHTDEMENTIA.ORG.AU/WA

 facebook.com/alzheimersaustraliawa

 twitter.com/alzheimerswa

 youtube.com/alzheimersauswa

 instagram.com/alzheimerswa

REGIONAL OFFICES

Albany: (08) 9841 3755

Bunbury: (08) 9721 2682

Kalgoorlie: (08) 9091 1644

Mandurah: (08) 9535 8772

York: (08) 9641 2865