



THE
GENEVA
FOUNDATION
The future of military medicine. Today.

A large, atmospheric photograph of soldiers in silhouette against a sunset sky. The soldiers are positioned on a ridge, and the sky is filled with soft, colorful clouds in shades of blue, green, and orange. The overall mood is somber and reflective.

2015 ANNUAL REPORT



LETTER *from the* PRESIDENT



When I consider Geneva's progress and successes dating back to 1996 when I joined the organization, I recall Geneva focused on laying the groundwork to support research locally at Madigan Army Medical Center. Looking back, no one anticipated the impact that Geneva would make on military medicine and the larger healthcare community. Thanks to the unwavering vision of our growing team, as well as their commitment to the fundamental mission and values of the organization, Geneva has grown to support close to 400 studies in over 33 research areas at more than 50 locations around the world in 2015 alone. The research Geneva supports is truly shaping military medicine in the delivery of better treatment options, therapies, and healthcare practices.

I would like to extend appreciation to Geneva's team – our distinguished researchers, dedicated sponsors, and hardworking research professionals. Your contributions and dedication are making a difference in the lives of service members, their families, and the global community.

I am confident the next 20 years for Geneva includes a future that embraces innovation and inspiration, influences cutting-edge breakthroughs in research, creates cures for the incurable, and tackles those vital issues that protect our country from the unimaginable. Together, we will persevere through the challenges, capitalize on our strengths, and enjoy a lasting success.

Elise W. Huszar

Elise W. Huszar, MBA

President



Geneva acknowledges the dedication and contribution of our Board of Directors, whose guidance has been, and continues, to be fundamental to the success of the organization:

Michael W. Hansch

Chairman

Years of Service: 12

C.W. Herchold, MBA

Board Member

Years of Service: 2

Linda Nguyen

Board Member

Years of Service: 4

David Blanford, CPA

Treasurer

Years of Service: 4

David A. Little, JD

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Years of Service: 4

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Years of Service: 9

Elise W. Huszar, MBA

Secretary

Years of Service: 20

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Board Member

Years of Service: 6

Major General (Ret.)

Frank Scoggins

Board Member

Years of Service: 5

David Shoultz, PhD, MBA

*Board Member and
Scientific Advisory Board Chairman*

Years of Service: 6

Colonel (Ret.)

Patrick Steel

Board Member
Years of Service: 6

Jane S. Taylor, BSN

Board Member and Founder
Years of Service: 22

464

GENEVA EMPLOYEES

84% Program Employees

16% Corporate Employees

HIGHLIGHTS of 2015

FEBRUARY

As a subcontractor on the zCore Team, Geneva is awarded an ID/IQ contract to support the **DoD Hearing Center of Excellence**.

MARCH

The first of six industry sponsored clinical trials are initiated at **William Beaumont Army Medical Center**, the first Geneva-supported clinical trials to be conducted at this site.

APRIL

Geneva's Founder and Chief Strategy Officer, Jane Taylor, is named the **Non-Profit Business Leader of the Year** by the University of Washington-Tacoma Milgard School of Business.

MAY

Geneva receives **8 TriService Nursing Research Program awards**, to be conducted at Landstuhl Regional Medical Center, Madigan Army Medical Center, Naval Medical Center San Diego, San Antonio Military Medical Center, and Womack Army Medical Center.

JUNE

Corporate visit by Geneva researcher **Dr. David FitzGerald, Chief of the Biotherapy Section at the Laboratory of Molecular Biology at National Cancer Institute**, who presents his research on developing antibody-based therapeutics to treat cancer.

JULY

Geneva hires **first regional Clinical Trials Managers**, based at San Antonio Military Medical Center and Walter Reed National Military Medical Center.

AUGUST

Geneva is awarded its first **Joint Warfighter Medical Research Program** contract to support LTC Luis Alvarez at the National Cancer Institute - Frederick.

SEPTEMBER

Geneva researcher **MAJ Dan Rhon, Director of Physical Therapy at the Center** for the Intrepid, presents his research on the prevention, appropriate diagnosis, and effective treatment of musculoskeletal conditions to Geneva's corporate team.

SEPTEMBER

Geneva hosts the 10th annual **National Liver Conference** in Fort Worth, Texas.

221 EMPLOYEES HIRED

JANUARY

FEBRUARY

MARCH

APRIL

MAY

JUNE

JULY

AUGUST

SEPTEMBER

OCTOBER

NOVEMBER

DECEMBER

MAY

Geneva researcher **Dr. Gary Kamimori, Senior Scientist at the Department of Behavioral Biology at Walter Reed Army Institute of Research**, visits Geneva's corporate office and presents his research efforts involving blast exposure and traumatic brain injury.

MAY

Geneva's **Community Giving Program** supports Joint Base Lewis McChord's Retiree Health Fair, Madigan Army Medical Center's Nurses Week, and Womack Army Medical Center's Research Symposium.

JULY

Geneva begins supporting **pharmacy resident rotations** at Naval Medical Center San Diego in partnership with University of California San Diego, and **orthopaedic resident rotations** at Madigan Army Medical Center and the San Francisco Veterans Affairs Medical Center in partnership with Samuel Merritt University.

AUGUST

Work is fully underway on the NMRC-Frederick contract, with Geneva employees traveling to **Liberia, Tanzania, Kenya, Armenia, and Azerbaijan** in order to study infectious diseases, biodefense, and enhanced global disease surveillance for early pathogen detection and response.

SEPTEMBER

Geneva receives the annual **Business Supporter of the Military award** from the Tacoma-Pierce County Chamber of Commerce, in recognition of continued dedication to supporting innovative medical research within the U.S. Military.

DECEMBER

Geneva submits its **157th federally sponsored proposal** of 2015, totaling \$181.5 million in proposals for 2015.

DECEMBER

Geneva and the **Jonas Center for Nursing and Veterans Healthcare** establish a partnership aimed at supporting a doctoral nursing scholar to participate in military medical research with a focus on veteran needs.

373 RESEARCH PROGRAMS

\$49,031,000 TOTAL GRANT, CONTRACT, AND AWARD REVENUE

2015 RESEARCHER *of the* YEAR

2015 RESEARCHER OF THE YEAR AWARD RECIPIENT



LTC Luis M. Alvarez, PhD
Academy Professor & Director, Center for Molecular Science
 United States Military Academy at West Point
 6 Years of Partnership with Geneva

both the Whitehead Institute for Biomedical Research and the Massachusetts Institute of Technology and was a Hertz Foundation Fellow during his time at MIT. Geneva has been a proud partner of Dr. Alvarez for over six years through support of his research in developing biologics and cell therapies in the area of regenerative medicine. His research interests are motivated by his previous combat experiences and a desire to develop new regenerative medical therapies for injured service members. "The Geneva Foundation is honored to present Dr. Alvarez with the 2015 Researcher of the Year award in honor of his dedication to innovative research efforts addressing some of the most critical concerns facing wounded service members today. Dr. Alvarez's commitment to exemplary research in regenerative medicine is evident in the quality and impact of his work, from pioneering groundbreaking technologies addressing traumatic wound injuries to his leadership and collaborative roles within the research community." said Elise Huszar, President of The Geneva Foundation.

Research Group at the U.S. National Cancer Institute. He also serves as an Academy Professor and Director of the Center for Molecular Science in the Department of Chemistry and Life Science at the United States Military Academy at West Point. Previously, Dr. Alvarez led the DoD's \$720M Bioscavenger pharmaceutical development program and co-founded the DoD's Tissue Injury and Regenerative Medicine program office at Fort Detrick, Maryland. He has also served as a Visiting Scientist for

2015 RESEARCHER OF THE YEAR AWARD FINALISTS

Andriy I. Batchinsky, MD
Research Scientist, Multiorgan Support and Organ Preservation Task Area
 U.S. Army Institute of Surgical Research,
 Battlefield Health and Trauma Research Institute
 3 Years of Partnership with Geneva

Marti Jett, PhD, SES-ST
Chief Scientist, Systems Biology Enterprise
 U.S. Army Medical Command,
 U.S. Army Center for Environmental Health Research
 7 Years of Partnership with Geneva

SCIENTIFIC ADVISORY BOARD

Geneva's Scientific Advisory Board provides scientific consult, advisement, and direction to Geneva's senior leadership, program directors, Principal Investigators, and research administrators. The Scientific Advisory Board serves as a strategic partner to ensure the science behind the research remains relevant, sustainable, and innovative.



Thank you to Geneva's Scientific Advisory Board for your work to further Geneva's mission of advancing military medicine:

DAVID SHOULTZ, PHD, MBA

Chairman
 Global Program Leader, Drug Development and Devices & Tools Programs
 PATH
Areas of Expertise: *Epidemiology, Global Health, Infectious Diseases, Public Health.*

KENT THOELKE

Board Member
 Executive Vice President, Scientific and Medical Affairs, Safety and Commercialization Services
 PRA Health Sciences
Areas of Expertise: *Hematology, Oncology*

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Board Member
Area of Expertise: *Nursing Research*

NEIL C. VINING, MD

Board Member
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 TeamHealth
Areas of Expertise: *Combat Casualty Care, Orthopaedics*

BRIGADIER GENERAL (RET.)

GERALD DIETER GRIFFIN, MD, PHARM D

Board Member
 Emergency Medicine, MTBI & PTSD Researcher in Clinical Translational Medicine
 Professor of Pharmacy Practice (Adj.),
 University of the Pacific
Areas of Expertise: *Emergency Medicine, Military Research*

JUDD WALSON, MD, MPH

Board Member
 Associate Professor
 Departments of Global Health, Medicine (Infectious Disease), Pediatrics and Epidemiology
 University of Washington
Area of Expertise: *Infectious Diseases*

GENEVA WORKS IN 33 RESEARCH AREAS

TOP 10 AREAS OF RESEARCH AND SUPPORT SERVICES ARE:

1. Oncology
2. Orthopedics
3. Hepatology
4. Neurology
5. Infectious Diseases
6. Cardiology & Cardiovascular
7. Behavioral & Mental Health
8. Regenerative Medicine
9. Otolaryngology
10. Evidence Based Practice

FIVE LARGEST AWARDS *in* 2015

1 Medical Research Project Management and Scientific/Technical Support Services

- Telemedicine and Advanced Technology Research Center, Mobile Health Innovation Center, Congressionally Directed Medical Research Program, Combat Casualty Care Research Program
- II Task Orders funded by United States Army Medical Research Acquisition Activity under Award No. W81XWH-11-D-0049

2 Evaluation of Role 2 (R2) Medical Resources in the Afghanistan Combat Theater: Past, Present and Future

- COL Elizabeth Mann-Salinas, PhD
- United States Army Institute of Surgical Research
- Funded by Combat Casualty Care Joint Program Committee 6 (JPC-6) under Award No. W81XWH-15-2-0085

3 Anti-scar Treatment for Deep Partial-thickness Burn Wounds

- Dr. Kai Leung
- United States Army Institute of Surgical Research
- Funded by Combat Casualty Care Joint Program Committee 6 (JPC-6) under Award No. W81XWH-15-2-0083

4 Nonhuman Primate Challenge Study: rVSVΔG-GP Ebola Vaccine Dose Down Study

- Dr. Amy Shurtleff
- United States Army Medical Research Institute of Infectious Diseases
- Funded by Defense Threat Reduction Agency under Award No. HDTRA1-15-C-0058

5 Adaptive Orthopaedic Biologics for Highly Targeted Regeneration

- LTC Luis M. Alvarez, Ph.D.
- National Cancer Institute - Frederick and United States Military Academy - West Point
- Funded by United States Army Medical Materiel Development Activity, Joint Warfighter Medical Research Program under Award No. W81XWH-15-C-0028

GENEVA SUPPORTS WORK AT OVER **50**
FEDERAL LABORATORIES AND MILITARY
TREATMENT FACILITIES WORLDWIDE

GENOME POSITIONING *as a* DIAGNOSTIC TOOL *for* BREAST & PROSTATE CANCER

Breast and prostate cancer are currently among the top diagnosed cancers in women and men, respectively. Approximately 1 in 8 women will develop invasive breast cancer¹ and 1 in 7 men will develop prostate cancer² during their lifetimes. While these statistics show the prevalence and impact of these cancers on our civilian and military populations, unfortunately there are limitations in how these cancers are diagnosed and treated. Current diagnostic tests for breast and prostate cancers are subjective and cannot differentiate aggressive cancer from indolent cancer.

In response to these limitations, Tom Misteli, PhD, Senior Investigator at the National Cancer Institute, and Geneva employee Karen Meaburn, PhD, Research Scientist at the National Cancer Institute, initiated studies that examined the spatial organization of genes in breast and prostate cancer as compared to normal tissues. Their research proposed that the location of certain genes within nuclei reposition in cancer, making them potential cancer biomarkers.

In studying breast cancer tissues, Drs. Misteli and Meaburn examined 23 genes before discovering ten gene biomarkers that reposition in breast cancer tissues. "We set out to identify genes which are differentially positioned in breast cancer tissues and we explored the possibility that disease-specific spatial organization of genes might be used as a new diagnostic strategy to distinguish malignant from normal tissue," said Dr. Misteli³. The team used the same approach to identify gene positioning biomarkers for prostate cancer, and found three different genes with disease-specific repositioning, which can be used

to distinguish cancerous prostate tissue from normal/hyperplastic tissue with high accuracy.

The potential use of these gene positioning biomarkers as diagnostic and prognostic markers for breast and prostate cancers has significant implications for the detection, prognosis, and treatment of these diseases. The identification of genes that are localized differently in cancer cells allows the possibility of using spatial gene positioning as a novel diagnostic tool that is highly accurate, quantitative, and minimally invasive.

The potential use of these gene positioning biomarkers as diagnostic and prognostic markers for breast and prostate cancers has significant implications for the detection, prognosis, and treatment of these diseases.

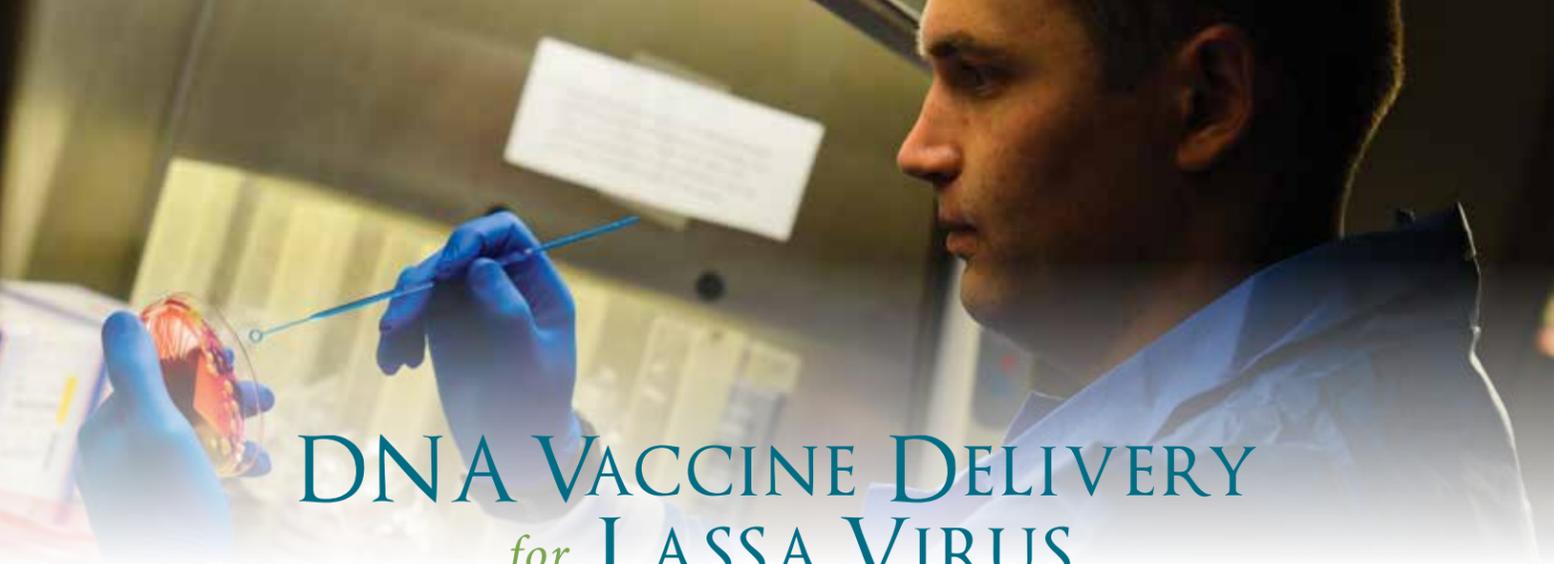
Drs. Misteli and Meaburn look forward to further applications of this method, including additional large-scale studies on other cancers to validate their findings and to identify prognostic biomarkers. "If validated in a larger number of samples, we envision that this approach may be a useful first molecular indicator of cancer after an abnormal mammogram," said Misteli. "Our method of cancer diagnosis is not limited to breast cancer and may be applied to any cancer type in which repositioned genes can be identified.⁴" They are now focusing on determining if the spatial positioning of the genome can be used to classify aggressive and indolent breast and prostate cancers, and therefore are potential prognostic markers.

¹<http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-key-statistics>

²<http://www.cancer.org/cancer/prostatecancer/detailedguide/prostate-cancer-key-statistics>

³<http://www.nih.gov/news-events/news-releases/genes-position-nucleus-can-be-used-distinguish-cancerous-normal-breast-tissue>

⁴<http://www.nih.gov/news-events/news-releases/genes-position-nucleus-can-be-used-distinguish-cancerous-normal-breast-tissue>



DNA VACCINE DELIVERY for LASSA VIRUS

The Lassa virus causes a severe viral hemorrhagic fever that often presents itself alongside the Ebola virus. Those infected with Lassa virus experience respiratory distress, vomiting, facial swelling, chest pain, tremors, and brain inflammation. Lassa fever can be up to 20-50% fatal in humans, and causes permanent hearing loss in about one-third of those who survive.¹ The number of Lassa virus infections per year in West Africa is estimated at 100,000 to 300,000, with approximately 5,000 deaths.²

The development of a vaccine to combat infectious diseases such as Lassa fever is necessary and is likely to have more success in the form of a DNA vaccine. When modified DNA of a virus is used in a vaccine, the expression

of the target genes results in the subjects' immune system responding in a protective manner against the virus. While progress has been made in the creation and manufacturing of a DNA vaccine for Lassa fever, routine usage has been historically hindered due to ineffective delivery models. Delivering the Lassa DNA vaccine intramuscularly, directly into the muscle, a current method of vaccine delivery, has the potential to protect those infected from death, but preliminary studies show that it does not prevent fevers and viremia, a condition that causes measurable levels of the virus in blood samples.

Geneva researchers Dr. Connie Schmaljohn, Senior Research Scientist and Dr. Kathleen Cashman, Co-Investigator at the U.S. Army Medical Research Institute

of Infectious Diseases, in collaboration with Dr. Kate Broderick, Senior Director of Research and Development at Inovio Pharmaceuticals, are developing a way to improve DNA vaccine delivery for Lassa fever through the use of an intradermal electroporation (ID-EP) device. The ID-EP device delivers an electric pulse to increase the uptake of the vaccine delivered under the skin, allowing for the vaccine to enter cells more effectively and resulting in an enhanced immune response. The use of the ID-EP device is painless for subjects as it only penetrates the surface of the skin and uses an extremely low level of voltage, making it especially appealing for use in pediatric and geriatric populations. Additionally, unlike other current delivery

methods, the use of the ID-EP device increases efficacy of the vaccine by not only protecting those infected from death, but also by preventing viremia, meaning that the vaccine and dermal electroporation delivery will prevent secondary spread of the virus to close contacts.

The development of the ID-EP device in conjunction with a Lassa DNA vaccine has the potential to provide an effective response to Lassa virus as well as other biological health threats worldwide. With further developments, the hope is to apply similar methods in the delivery of vaccines for other infectious diseases, HIV, and cancer.

¹http://www.detrick.army.mil/standard/entry.cfm?entry_id=DFD9ED49-D9BD-F2E6-F21438A61BE2C2A7

²<http://www.cdc.gov/vhf/lassa/>



NCAA-DoD GRAND ALLIANCE

Mild traumatic brain injury (mTBI) and sport-related concussion (SRC) are fundamental concerns facing the U.S. military, the sports community, and the general public. Although significant advances have been made in the understanding of concussion, the natural history of concussion remains poorly defined, no objective biomarker of physiological recovery exists for clinical use, athlete knowledge of the injury remains low, and critical questions remain regarding the physiological effects on brain structure and function.

To address these issues, the National Collegiate Athletic Association (NCAA) and the U.S. Department of Defense (DoD) partnered to form the NCAA-

DoD Grand Alliance, an initiative that leverages their combined resources and collective experience to advance the science of SRC for the benefit of student-athletes and service members. This initiative includes the most comprehensive study of concussion and head impact exposure to-date, the NCAA-DoD Grand Alliance: Concussion Assessment, Research and Education (CARE) Consortium.

The CARE Consortium is a large-scale study of concussion across 31 sites and multiple sports that aims to increase the current understanding of concussion, address the neurobiological mechanisms of concussion symptoms and trajectory of recovery, and as a result, derive evidence-based approaches to concussion assessment, management, and practice. The CARE Consortium will enroll and follow

an estimated 35,000 male and female NCAA student-athletes and service academy cadets from over 25 universities and four U.S. Service Academies. Participants receive comprehensive preseason evaluations and annual assessments for concussion as well as follow-up evaluations in the event of an injury.

The CARE Consortium includes cutting-edge studies that incorporate head impact sensor technologies, advanced neuroimaging, biological markers, and detailed clinical studies to examine the acute effects and early pattern of recovery from SRC.

The Geneva Foundation is supporting the CARE Consortium through collaboration with two U.S. Service Academies; the U.S. Air Force Academy and the U.S. Military Academy (West Point). Unlike the other sites participating in the study, these service academies are enrolling all students in addition to their NCAA athletes. By actively engaging and recruiting all military cadets from these institutions for

participation in the CARE Consortium, the site investigators and Geneva are providing the NCAA-DoD Grand Alliance with a participant population of athletic, young-adults who are often pushing themselves physically and mentally and are vulnerable to mild traumatic brain injury.

The CARE Consortium includes cutting-edge studies that incorporate head impact sensor technologies, advanced neuroimaging, biological markers, and detailed clinical studies to examine the acute effects and early pattern of recovery from SRC. Ultimately, the work is designed to more fully inform a comprehensive understanding of SRC and mTBI, which have major implications for improving safety, injury prevention, and medical care in all populations at risk, including athletes and military service members.



PREVENTING MUSCULOSKELETAL INJURIES

Musculoskeletal injuries, including tendonitis, ruptured discs, and ligament sprains, are the primary source of disability within the U.S. Military.^{1,2} These injuries affect 900,000 service members annually, resulting in 2.4 million medical visits to Military Treatment Facilities (MTFs) and accounting for \$548 million of indirect patient care costs.³ In addition, service members who sustain a prior musculoskeletal injury are at an increased risk for future injuries. Such injuries pose a detrimental impact to the deployment readiness of U.S. service members as well as the military's financial resources.

In 2014, MAJ Dan Rhon, MD, Director of Physical Therapy at the Center for the Intrepid (CFI) at Brooke Army Medical Center in San Antonio, TX, initiated a study that aims to identify risk factors for musculoskeletal injuries, emphasizing prevention strategies to decrease future injury reoccurrence. MAJ Rhon is evaluating physical performance results of service members who have sustained a musculoskeletal injury or have experienced a reoccurrence of a previous injury. In order to survey a diverse sampling of service members, MAJ Rhon's study established a cohort of injured active

duty service members who are being treated at different physical therapy clinics and MTFs around the nation. After discharge from their respective physical therapy programs, study participants continue to be evaluated for approximately one year in order to capture re-injury rates.

These efforts will inform the development of a standard predictive tool, the use of which will help doctors and physical therapists anticipate the risk of future musculoskeletal injuries in previously injured service members. The development of the standard predictive tool has the potential to guide the U.S. Military in streamlining injury prevention efforts to ensure service members an appropriate, safe, and rapid return to full duty. With further progress, this tool

could also be used by civilian populations to help those engaging in physical rehabilitation programs return to normal, active lifestyles.

The development of the standard predictive tool has the potential to guide the U.S. Military in streamlining injury prevention efforts to ensure service members an appropriate, safe, and rapid return to full duty.

¹Songer TJ, LaPorte RE. Disabilities due to injury in the military. *Am J Prev Med* 2000;18:33-40.
²Lincoln AE, Smith GS, Amoroso PJ, Bell NS. The natural history and risk factors of musculoskeletal conditions resulting in disability among US Army personnel. *Work* 2002;18:99-113.
³Musculoskeletal Conditions Per M2 Database Analysis for FY 2007. M2 Database, 2008.

GENEVA COLLABORATES WITH OVER 70 UNIVERSITIES AND HOSPITALS, AND OVER 70 INDUSTRY SPONSORS

WAVE *the* FLAG AWARD

The Geneva Foundation recognizes excellence in employees who go above and beyond the normal scope of their work, demonstrate Geneva's core values, and strengthen our mission of promoting and supporting the advancement of military medicine.



QUARTER 1 RECIPIENT
Margherita Person
Team Lead and Research Assistant II
Site: Carl R. Darnall Army Medical Center
Location: Fort Hood, TX
Years of Service: 3



QUARTER 2 RECIPIENT
Christina LaValle
Supervisory Research Biostatistician
Site: Walter Reed Army Institute of Research
Location: Silver Spring, MD
Years of Service: 4



QUARTER 3 RECIPIENT
Edward Kensinger
Program Manager II
Site: Telemedicine and Advanced Technology Research Center - South
Location: Fort Gordon, GA
Years of Service: 14



QUARTER 4 RECIPIENT
Audrey Leckner
IT Specialist
Site: Corporate Office
Location: Tacoma, WA
Years of Service: 3

SUPPORT *of* ID/IQ VEHICLES

Geneva acts as a prime contractor as well as a subcontractor to small and large businesses for Indefinite Delivery/Indefinite Quantity (ID/IQ) contract vehicles. An ID/IQ contract provides for an indefinite quantity of supplies or services to be furnished within a fixed period with deliveries or performance to be scheduled by placing orders with the contractor. Geneva currently provides military medical research staffing support through five ID/IQ contract vehicles.

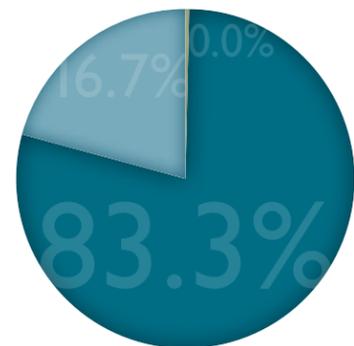
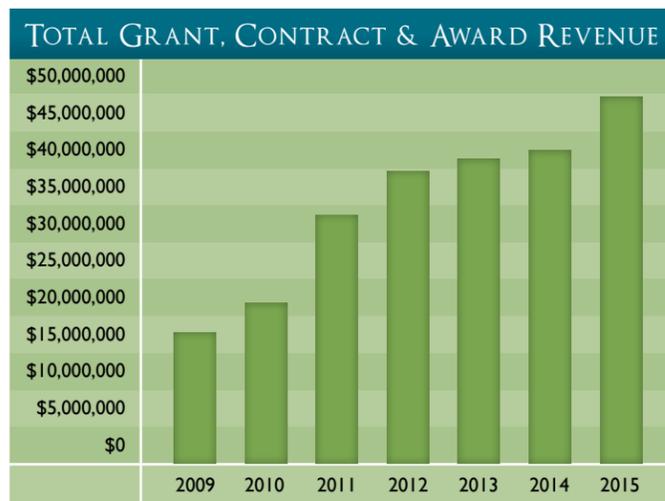
- DoD Hearing Center of Excellence (HCE) Professional and Administrative Support Services (PASS)
- Telemedicine and Advanced Technology Research Center (TATRC) Research Project Management and Scientific/Technical Support Services
- Investigational Research Omnibus Contract (IROC)
- Navy Exploratory Medicine (Omnibus III)
- 711 Human Performance Wing (HPW)/U.S. Air Force School of Aerospace Medicine (USAFSAM) Mission Support Services IDIQ

OUR ASSETS

Total Grant, Contract and Award Revenue	\$49,031,000
Program Expenses	
Research and Education Expenses.....	\$34,722,000
Payment to Subcontractors.....	\$5,451,000
Total Program Expenses.....	\$40,173,000
Net Income from Grants, Contracts and Awards	\$8,858,000
Support Services	
General and Administrative.....	\$8,035,000
Fund Development.....	\$23,000
Total Support Services.....	\$8,058,000
Operating Income (loss)	\$800,000
Other Income	\$7,000
Increase (decrease) in Net Assets	\$807,000
Unrestricted Net Assets	
Beginning of Year.....	\$3,530,000
End of Year.....	\$4,337,000



In 2015, Geneva managed over **\$49 million** of research in collaboration with a variety of federal government agencies, corporations, foundations, universities, and other partners. Geneva is deeply grateful to those who support and contribute to the success of Geneva's numerous research programs within the military medical community. Thank you to Geneva's 2015 sponsors and collaborating partners.



2015 EXPENSES

- Research and Education Program Expenses
- General & Administrative Expenses
- Fund Development Expenses



185
GENEVA
RESEARCHERS

- HAWAII
- THAILAND
- GERMANY



THE GENEVA FOUNDATION

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