

Exhibit 5

**U.S. Trustee Basic Monthly Operating Report**

Case Name: Neogenix Oncology, Inc. Date Filed: 07/23/2012  
 Case Number: 12-23557 SIC Code: 2834  
 Month (or portion) covered by this report: 5/1/2014 - 5/31/2014

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THIS U.S. TRUSTEE BASIC MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS ON BEHALF OF THE CHAPTER 11 DEBTOR AND, TO THE BEST OF MY KNOWLEDGE, THIS REPORT AND RELATED DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

[Signature] 10-25-14  
 ORIGINAL SIGNATURE OF RESPONSIBLE PARTY DATE REPORT SIGNED  
Philip M Arlen  
 President, Neogenix Oncology  
 PRINTED NAME OF RESPONSIBLE PARTY AND POSITION WITH DEBTOR

The debtor is required to provide financial reports prepared by or for the debtor in addition to the information required by this form. The U.S. Trustee may permit the debtor to eliminate duplicative information. No such permission is valid unless in writing.

QUESTIONNAIRE:	YES	NO	N/A
1. IS THE BUSINESS STILL OPERATING?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. DID YOU SELL ANY ASSETS OTHER THAN INVENTORY THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. DID YOU PAY ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. DID YOU PAY ALL YOUR BILLS ON TIME THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. DID YOU PAY YOUR EMPLOYEES ON TIME?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. HAVE YOU FILED ALL OF YOUR RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. DID YOU PAY ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



**Exhibit 5**

	YES	NO	N/A
13. DID YOU DEPOSIT ALL MONEY FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. DID THE BUSINESS SELL ANY GOODS OR PROVIDE SERVICES TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE UST?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**TAXES**

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS?  YES  NO  N/A

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

*(Exhibit A)*

**INCOME**

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. [If you use an automated accounting system, please attach a copy of the Income Statement and Balance Sheet.]

**TOTAL INCOME** \$0.00

*(Exhibit B)*

**EXPENSES**

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS PAID THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. [If you use an automated accounting system, please attach a copy of the Disbursements Journal, otherwise attach a copy of the check register. ]

**TOTAL EXPENSES** -\$673.31

*(Exhibit C)*

**CASH PROFIT**

INCOME FOR THE MONTH (TOTAL FROM EXHIBIT B) \$0.00

EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C) -\$673.31

(Subtract The Total from Exhibit C from the Total of Exhibit B)

**CASH PROFIT FOR THE MONTH** -\$673.31

**UNPAID BILLS**

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE.

**TOTAL PAYABLES** \$476,242.42

*(Exhibit D)*

**MONEY OWED TO YOU**

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE.

**TOTAL RECEIVABLES** \$0.00

*(EXHIBIT E)*

**BANKING INFORMATION**

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT.

**EMPLOYEES**

NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED?	<u>10</u>
NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT?	<u>0</u>

**PROFESSIONAL FEES**

TOTAL PROFESSIONAL FEES APPROVED BY THE COURT DURING THIS REPORTING PERIOD?	<u>\$0.00</u>
TOTAL PROFESSIONAL FEES APPROVED BY THE COURT SINCE THE FILING OF THE CASE?	<u>\$2,760,894.20</u>
TOTAL PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR DURING THIS REPORTING PERIOD?	<u>\$99,013.38</u>
TOTAL PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR SINCE THE FILING OF THE CASE?	<u>\$3,469,934.08</u>
PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR <b>RELATED TO BANKRUPTCY</b> DURING THIS REPORTING PERIOD?	<u>\$99,013.38</u>
PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR <b>RELATED TO BANKRUPTCY</b> SINCE THE FILING OF THE CASE?	<u>\$3,285,310.49</u>

**UNITED STATES BANKRUPTCY COURT  
FOR THE DISTRICT OF MARYLAND  
OFFICE OF UNITED STATES TRUSTEE**

**In re:**

Neogenix Oncology, Inc.

**Debtor(s)****CHAPTER 11**Case No. 12-23557**MONTHLY OPERATING REPORT****CASH DISBURSEMENTS SUMMARY REPORT**Calendar Month 5/1/2014 to 5/31/2014

(All figures refer to post-petition transactions)

Total Disbursements from Operating Account (Note 1)	+ \$ 673.31
Total Disbursements from Payroll Account (Note 2)	+ \$ 0.00
Total Disbursements from Tax Escrow Account (Note 3)	+ \$ 0.00
Total Disbursements from other Account (Note 4)	+ \$ 0.00
<b>Grand Total Disbursements from all accounts</b>	<b>= \$ 673.31 **</b>

**NOTE 1** - Include in this amount all checks written, wire transfers made from, or any other withdrawal from the general operating account. Exclude only transfers to the debtor in possession payroll account, the debtor in possession tax escrow account or other debtor in possession account where the disbursements will be listed on this report.

**NOTE 2** - Include in this amount all checks written, wire transfers made from, or any other withdrawal from the payroll account. Exclude only transfers to the debtor in possession operating account, the debtor in possession tax escrow account or other debtor in possession account where the disbursements will be listed on this report.

**NOTE 3** - Include in this amount all checks written, wire transfers made from, or any other withdrawal from the tax escrow account. Exclude only transfers to the debtor in possession operating account, the debtor in possession payroll account or other debtor in possession account where the disbursements will be listed on this report.

**NOTE 4** - Include in this amount any other disbursements made by the debtor including (but not limited to) cash paid from a petty cash fund or cash register, amounts paid from any other debtor in possession account, and amounts paid from the accounts of others on the debtors behalf (for example, disbursements made from a law firm's escrow account as a result of a sale of property).

**\*\* This figure should be used on Form 5, page five, question 17, for the appropriate month.**

**Exhibit C - Expenses**  
**Monthly Operating Report**  
**May 1, 2014 - May 31, 2014**  
**Neogenix Oncology, Inc.**  
**Case Number: 12-23557**

**NEOGENIX ONCOLOGY, INC.**  
**Cash Account Register**  
**For the Period From May 1, 2014 to May 31, 2014**  
**Wells Fargo Checking #9357**

<b>Date</b>	<b>Reference</b>	<b>Type</b>	<b>Payee/Paid By</b>	<b>Memo</b>	<b>Payment Amt</b>	<b>Receipt Amt</b>	<b>Balance</b>
			Opening Balance			134,146.60	134,146.60
5/20/14	1173	Payment	US Trustee		659.31		133,487.29
5/31/14	05/31/14	Gen. Jrnl.			14.00		133,473.29
		<b>Total</b>			<b>673.31</b>		

**NEOGENIX ONCOLOGY, INC.**  
**Cash Account Register**  
**For the Period From May 1, 2014 to May 31, 2014**  
**Wells Fargo MM #3291**

<b>Date</b>	<b>Reference</b>	<b>Type</b>	<b>Payee/Paid By</b>	<b>Memo</b>	<b>Payment Amt</b>	<b>Receipt Amt</b>	<b>Balance</b>
			Opening Balance			1,801.20	1,801.20
5/31/14	05/31/14	Gen. Jnl.				0.08	1,801.28
		<b>Total</b>				<b>0.08</b>	

**NEOGENIX ONCOLOGY, INC.**  
**Cash Account Register**  
**For the Period From May 1, 2014 to May 31, 2014**  
**Signature Payroll Acct #3216**

<b>Date</b>	<b>Reference</b>	<b>Type</b>	<b>Payee/Paid By</b>	<b>Memo</b>	<b>Payment Amt</b>	<b>Receipt Amt</b>	<b>Balance</b>
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*No Activity*



**Exhibit D - Unpaid Bills**  
**Monthly Operating Report**  
**May 1, 2014 - May 31, 2014**  
**Neogenix Oncology, Inc.**  
**Case Number: 12-23557**

**NEOGENIX ONCOLOGY, INC.**  
**Post-Petition AP**  
**From May 1, 2014 to May 31, 2014**

<b>Account Description</b>	<b>Trans Description</b>	<b>Amount</b>
Accounts Payable-Post Petition	ADP (401k termination)	1,500.00
Accounts Payable-Post Petition	Affiliated Developers	1,563.87
Accounts Payable-Post Petition	Continental Stock Transfer - September	627.83
Accounts Payable-Post Petition	Continental Stock Transfer - October	627.88
Accounts Payable-Post Petition	Continental Stock Transfer - November	627.88
Accounts Payable-Post Petition	Continental Stock Transfer - December	627.88
Accounts Payable-Post Petition	Continental Stock Transfer - January	952.88
Accounts Payable-Post Petition	Continental Stock Transfer - February	652.88
Accounts Payable-Post Petition	Continental Stock Transfer - March	652.88
Accounts Payable-Post Petition	Continental Stock Transfer - April	652.88
Accounts Payable-Post Petition	Continental Stock Transfer - May	652.88
Accounts Payable-Post Petition	KCC - August	775.89
Accounts Payable-Post Petition	KCC - September	650.48
Accounts Payable-Post Petition	KCC - October	569.08
Accounts Payable-Post Petition	KCC - November	671.68
Accounts Payable-Post Petition	KCC - December	391.95
Accounts Payable-Post Petition	KCC - January	1,707.96
Accounts Payable-Post Petition	KCC - February	516.30
Accounts Payable-Post Petition	KCC - March	679.27
Accounts Payable-Post Petition	KCC - April	3,775.91
Accounts Payable-Post Petition	KCC - May	1,388.27
Accounts Payable-Post Petition	Sands Anderson - September	989.78
Accounts Payable-Post Petition	Sands Anderson - Oct. / Nov.	4,306.90
Accounts Payable-Post Petition	Sands Anderson - Dec. / Jan.	2,331.51
Accounts Payable-Post Petition	Sands Anderson - February	5,707.51
Accounts Payable-Post Petition	Sands Anderson - March	11,227.12
Accounts Payable-Post Petition	Sands Anderson - April	13,087.68
Accounts Payable-Post Petition	Sands Anderson - May	26,118.32
Accounts Payable-Post Petition	Sands Anderson - Holdbacks	3,993.74
Accounts Payable-Post Petition	Greenberg Traurig - June	9,719.55
Accounts Payable-Post Petition	Greenberg Traurig - July	3,355.04
Accounts Payable-Post Petition	Greenberg Traurig - August	3,930.75
Accounts Payable-Post Petition	Greenberg Traurig - September	6,306.75
Accounts Payable-Post Petition	Greenberg Traurig - October	16,406.90
Accounts Payable-Post Petition	Greenberg Traurig - November	7,505.00
Accounts Payable-Post Petition	Greenberg Traurig - December	4,212.00
Accounts Payable-Post Petition	Greenberg Traurig - January	2,922.30
Accounts Payable-Post Petition	Greenberg Traurig - February	20,880.00
Accounts Payable-Post Petition	Greenberg Traurig - March	20,372.85
Accounts Payable-Post Petition	Greenberg Traurig - April	46,306.85
Accounts Payable-Post Petition	Greenberg Traurig - May	71,506.79
Accounts Payable-Post Petition	Greenberg Traurig - Holdback	153,449.16
Accounts Payable-Post Petition	US Treasury Penalty	525.00
Accounts Payable-Post Petition	Nelson Mullins	20,686.64
Accounts Payable-Post Petition	Montgomery County Personal Property Tax	127.75
<b>Total</b>		<b>476,242.42</b>

**Bank Account Statements  
Monthly Operating Report  
May 1, 2014 - May 31, 2014  
Neogenix Oncology, Inc.  
Case Number: 12-23557**

7/7/14 at 12:37:28.81

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**NEOGENIX ONCOLOGY, INC.**  
**Account Reconciliation**  
**As of May 31, 2014**

**[REDACTED] - Signature Payroll Acct #3216**

**Bank Statement Date: May 31, 2014**

Filter Criteria includes: Report is printed in Detail Format

Beginning GL Balance 7,318.67

Add: Cash Receipts

Less: Cash Disbursements

Add (Less) Other

Ending GL Balance 7,318.67 W

Ending Bank Balance 7,318.67 W

Add back deposits in transit

Total deposits in transit

(Less) outstanding checks

Total outstanding checks

Add (Less) Other

Total other

Unreconciled difference 0.00

Ending GL Balance 7,318.67



**SIGNATURE BANK**  
565 Fifth Avenue, 12<sup>th</sup> Floor  
New York, NY 10017

Statement Period  
From May 01, 2014  
To May 31, 2014  
Page 1 of 2

PRIVATE CLIENT GROUP 193  
40 CUTTERMILL ROAD, SUITE 50  
GREAT NECK, NY 11021

NEOGENIX ONCOLOGY, INC 8-193  
PAYROLL ACCOUNT  
445 NORTHERN BLVD STE 24  
GREAT NECK NY 11021

See Back for Important Information

Primary Account: [REDACTED] 3216 0

FOR MORE INFORMATION ABOUT SIGNATURE BANK PRODUCTS  
AND SERVICES, PLEASE CONTACT YOUR PRIVATE CLIENT  
BANKING TEAM, VISIT WWW.SIGNATURENY.COM, OR CALL  
TOLL-FREE 1-866-SIGLINE.

**BANK DEPOSIT ACCOUNTS**

[REDACTED] 3216	MONOGRAM CHECKING	7,318.67	7,318.67
	RELATIONSHIP	TOTAL	7,318.67 ✓



SIGNATURE BANK

Statement Period  
From May 01, 2014  
To May 31, 2014  
Page 2 of 2

PRIVATE CLIENT GROUP 193  
40 CUTTERMILL ROAD, SUITE 50  
GREAT NECK, NY 11021

NEOGENIX ONCOLOGY, INC  
PAYROLL ACCOUNT  
445 NORTHERN BLVD STE 24  
GREAT NECK NY 11021

8-193

See Back for Important Information

Primary Account: [REDACTED] 3216 0

MONOGRAM CHECKING [REDACTED] 3216

Summary

Previous Balance as of May	01, 2014	7,318.67
There was no deposit activity during this statement period		
Ending Balance as of May	31, 2014	7,318.67

Rates for this statement period - Overdraft  
May 01, 2014 13.000000 ‡

7/7/14 at 12:40:00.66


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**NEOGENIX ONCOLOGY, INC.  
Account Reconciliation  
As of May 31, 2014**

**██████████ - Wells Fargo Checking #9357**

**Bank Statement Date: May 31, 2014**

Filter Criteria includes: Report is printed in Detail Format.

Beginning GL Balance	134,146.60	
Add: Cash Receipts		
Less: Cash Disbursements	(659.31)	
Add (Less) Other	(14.00)	
Ending GL Balance	<u>133,473.29</u>	✓
Ending Bank Balance	133,473.29	✓
Add back deposits in transit	_____	
Total deposits in transit	_____	
(Less) outstanding checks	_____	
Total outstanding checks	_____	
Add (Less) Other	_____	
Total other		
Unreconciled difference	<u>0.00</u>	
Ending GL Balance	<u>133,473.29</u>	

7/7/14 at 12:43:16.98

Page: 1

**NEOGENIX ONCOLOGY, INC.**  
**Account Reconciliation**  
**As of May 31, 2014**  
**[REDACTED] - Wells Fargo MM #3291**  
**Bank Statement Date: May 31, 2014**

Filter Criteria includes: Report is printed in Detail Format.

Beginning GL Balance		1,801.20
Add: Cash Receipts		
Less: Cash Disbursements		
Add (Less) Other		<u>0.08</u>
Ending GL Balance		<u>1,801.28</u>
Ending Bank Balance		1,801.28
Add back deposits in transit	_____	
Total deposits in transit		
(Less) outstanding checks	_____	
Total outstanding checks		
Add (Less) Other	_____	
Total other		
Unreconciled difference		<u>0.00</u>
Ending GL Balance		<u><u>1,801.28</u></u>

*Handwritten marks:*  
 ✓  
 ✓  
 [Signature]



# Wells Fargo Combined Statement of Accounts

Primary account number: [REDACTED] 9357 ■ May 1, 2014 - May 31, 2014 ■ Page 1 of 5

**WELLS  
FARGO**



**NEOGENIX ONCOLOGY INC**  
DEBTOR IN POSSESSION  
CH 11 CASE 12-23557 MD  
445 NORTHERN BLVD STE 24  
GREAT NECK NY 11021-4804

### Questions?

Available by phone 24 hours a day, 7 days a week:

**1-800-CALL-WELLS** (1-800-225-5935)

TTY: 1-800-877-4833

En español: 1-877-337-7454

Online: [wellsfargo.com/biz](http://wellsfargo.com/biz)

Write: Wells Fargo Bank, N.A. (287)  
P.O. Box 6995  
Portland, OR 97228-6995

## Your Business and Wells Fargo

The Wells Fargo Works Project is an online video series following five small business owners as they receive help and guidance from Wells Fargo for business goals that range from creating a marketing plan to positioning their business for sale. See how Wells Fargo works for these small businesses and can work for you at [wellsfargoworks.com](http://wellsfargoworks.com).

## Account options

A check mark in the box indicates you have these convenient services with your account(s). Go to [wellsfargo.com/biz](http://wellsfargo.com/biz) or call the number above if you have questions or if you would like to add new services.

- Business Online Banking
- Online Statements
- Business Bill Pay
- Business Spending Report
- Overdraft Protection

## Summary of accounts

### Checking/Prepaid and Savings

Account	Page	Account number	Ending balance last statement	Ending balance this statement
Gold Business Services Package	2	[REDACTED] 9357	134,146.60	133,473.29
Business Market Rate Savings	3	[REDACTED] 3291	1,801.20	1,801.28
<b>Total deposit accounts</b>			<b>\$135,947.80</b>	<b>\$135,274.57</b>

Primary account number: [REDACTED] 9357 ■ May 1, 2014 - May 31, 2014 ■ Page 2 of 5



## Gold Business Services Package

### Activity summary

Beginning balance on 5/1	\$134,146.60
Deposits/Credits	0.00
Withdrawals/Debits	- 673.31
<b>Ending balance on 5/31</b>	<b>\$133,473.29</b>
Average ledger balance this period	\$134,104.06

Account number: [REDACTED] 9357

**NEOGENIX ONCOLOGY INC  
DEBTOR IN POSSESSION  
CH 11 CASE 12-23557 MD**

*Florida account terms and conditions apply*

For Direct Deposit use  
Routing Number (RTN): [REDACTED] 7513

For Wire Transfers use  
Routing Number (RTN): [REDACTED] 0248

### Overdraft Protection

Your account is linked to the following for Overdraft Protection:

- Savings - [REDACTED] 3291

### Transaction history

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
5/30	1173	Check		659.31	
5/30		Monthly Service Fee		14.00	133,473.29
<b>Ending balance on 5/31</b>					<b>133,473.29</b>
<b>Totals</b>			<b>\$0.00</b>	<b>\$673.31</b>	

*The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.*

### Summary of checks written (checks listed are also displayed in the preceding Transaction history)

Number	Date	Amount
1173	5/30	659.31

### Monthly service fee summary

For a complete list of fees and detailed account information, please see the Wells Fargo Fee and Information Schedule and Account Agreement applicable to your account or talk to a banker. Go to [wellsfargo.com/feefaq](http://wellsfargo.com/feefaq) to find answers to common questions about the monthly service fee on your account.

Fee period 05/01/2014 - 05/31/2014	Standard monthly service fee \$14.00	You paid \$14.00
<b>How to avoid the monthly service fee (complete 1 AND 2)</b>	<b>Minimum required</b>	<b>This fee period</b>
1) Have any <b>ONE</b> of the following account requirements		
• Average ledger balance	\$7,500.00	\$134,104.00 <input checked="" type="checkbox"/>
• Qualifying transaction from a linked Wells Fargo Business Payroll Services account	1	0 <input type="checkbox"/>
• Qualifying transaction from a linked Wells Fargo Merchant Services account	1	0 <input type="checkbox"/>
• Automatic transfer to an eligible Wells Fargo business savings account	\$150.00	\$0.00 <input type="checkbox"/>
• Linked Direct Pay Service through Wells Fargo Business Online	1	0 <input type="checkbox"/>
• Combined balances in linked accounts, which may include	\$10,000.00	0 <input checked="" type="checkbox"/>
- Average ledger balances in business checking, savings, and time accounts		



Primary account number: ██████████9357 ■ May 1, 2014 - May 31, 2014 ■ Page 3 of 5



**Monthly service fee summary (continued)**

How to avoid the monthly service fee (complete 1 AND 2)	Minimum required	This fee period
<ul style="list-style-type: none"> <li>- Most recent statement balance of business credit card, Wells Fargo Secured Credit Card, BusinessLine<sup>SM</sup> line of credit, Secured BusinessLine<sup>SM</sup> line of credit, Wells Fargo Express Equity<sup>SM</sup> line of credit, and Wells Fargo BusinessLoan<sup>SM</sup> term loan</li> <li>- Combined average daily balances from the previous month for Business PrimeLoan<sup>SM</sup>, Wells Fargo Express Equity<sup>SM</sup> loan, Wells Fargo Express Refi<sup>SM</sup> loan, Wells Fargo Purchase Advantage<sup>SM</sup> loan, Wells Fargo Small Business Advantage<sup>SM</sup> line of credit, Equipment Express<sup>SM</sup> loan, and Equipment Express<sup>SM</sup> Single Event loan</li> </ul>	3	<input type="checkbox"/>
2) Complete the package requirements <ul style="list-style-type: none"> <li>- Have qualifying linked accounts or services in separate categories*</li> </ul>		
*Includes Wells Fargo business accounts and services such as debit card, savings accounts, active Online Banking, credit card, loans and lines of credit. <small>C2/C2</small>		

**Account transaction fees summary**

Service charge description	Units used	Units included	Excess units	Service charge per excess units (\$)	Total service charge (\$)
Transactions	1	200	0	0.50	0.00
<b>Total service charges</b>					<b>\$0.00</b>



Did you know that you can review your safe deposit box information through Wells Fargo Business Online Banking? Sign on to business online banking at [wellsfargo.com/biz](http://wellsfargo.com/biz) and go to your account summary page to review details.

**Business Market Rate Savings**

**Activity summary**

Beginning balance on 5/1	\$1,801.20
Deposits/Credits	0.08
Withdrawals/Debits	- 0.00
<b>Ending balance on 5/31</b>	<b>\$1,801.28</b>
 Average ledger balance this period	 \$1,801.20

Account number: ██████████3291

**NEOGENIX ONCOLOGY INC  
DEBTOR IN POSSESSION  
CH 11 CASE 12-23557 MD**

*Florida account terms and conditions apply*

For Direct Deposit use  
Routing Number (RTN): ██████████7513

For Wire Transfers use  
Routing Number (RTN): ██████████0248

**Interest summary**

Interest paid this statement	\$0.08
Average collected balance	\$1,801.20
Annual percentage yield earned	0.05%
Interest earned this statement period	\$0.08
Interest paid this year	\$0.37

Primary account number: [REDACTED] 9357 ■ May 1, 2014 - May 31, 2014 ■ Page 4 of 5



**Transaction history**

<i>Date</i>	<i>Description</i>	<i>Deposits/ Credits</i>	<i>Withdrawals/ Debits</i>	<i>Ending daily balance</i>
5/30	Interest Payment	0.08		1,801.28
<b>Ending balance on 5/31</b>				<b>1,801.28</b>
<b>Totals</b>		<b>\$0.08</b>	<b>\$0.00</b>	

*The Ending Daily Balance does not reflect any pending withdrawals or holds on deposited funds that may have been outstanding on your account when your transactions posted. If you had insufficient available funds when a transaction posted, fees may have been assessed.*

**Monthly service fee summary**

For a complete list of fees and detailed account information, please see the Wells Fargo Fee and Information Schedule and Account Agreement applicable to your account or talk to a banker. Go to [wellsfargo.com/feefaq](http://wellsfargo.com/feefaq) to find answers to common questions about the monthly service fee on your account.

<b>Fee period 05/01/2014 - 05/31/2014</b>	<b>Standard monthly service fee \$6.00</b>	<b>You paid \$0.00</b>
<b>How to avoid the monthly service fee</b>	<b>Minimum required</b>	<b>This fee period</b>
Have any <b>ONE</b> of the following account requirements		
• Average collected balance	\$500.00	\$1,801.00 <input checked="" type="checkbox"/>
• Automatic transfer from an eligible Wells Fargo business checking account	\$100.00	\$0.00 <input type="checkbox"/>

YFVC





**Bankruptcy Case Related Professional Fees**  
**Monthly Operating Report**  
**May 1, 2014 - May 31, 2014**  
**Neogenix Oncology, Inc.**  
**Case Number: 12-23557**

## Neogenix Bankruptcy Case Related Professional Fees

	2012		2012		2012		2012		2012		2013		2013		2013		2013		2013		2014		2014		2014		2014						
	July stub	August	September	October	November	December	January	February	March	April	May	June	July	August	September	October	November	December	January	February	March	April	May	June	July	August	September	October	November	December			
GT Fees	155,609.10	230,987.70	213,979.95	138,975.30	85,714.65	95,328.00	111,855.60	113,485.95	188,469.90	198,138.60	133,728.30	9,240.75	3,105.00	3,930.75	6,306.75	16,159.00	7,505.00	4,212.00	2,922.30	20,880.00	20,372.85	46,306.35	70,368.30										
GT Expenses	2,069.14	1,000.77	1,225.99	726.28	43.05	802.09	114.18	979.38	841.77	2,341.02	2,806.01	478.80	250.04	-	-	247.40	-	-	-	-	-	0.50	1,138.49										
PJC Fees	-	50,000.00	50,000.00	50,000.00	25,000.00	25,000.00	20,000.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
PJC Transaction Fee	-	-	650,000.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
PJC Expenses	-	3,332.61	887.92	292.81	1,181.60	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Sands Anderson Fees	-	55,394.50	35,409.00	12,928.00	8,601.00	6,014.50	23,780.50	16,559.00	28,201.50	21,579.50	24,796.00	1,167.50	661.50	119.50	989.50	-	4,298.50	-	1,621.50	5,694.00	122.00	12,996.50	25,589.00										
Sands Anderson Expenses	-	198.70	321.03	2,783.57	463.73	-	52.88	167.86	224.17	29.86	1,056.36	11.55	0.35	5.25	0.28	-	8.40	-	710.01	13.51	-	91.18	529.32										
Deloitte Fees	-	48,316.00	21,374.00	2,610.00	4,254.00	3,784.00	3,526.00	-	-	-	-	2,282.00	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Deloitte Expenses	-	14.31	3.40	-	-	1.98	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
KCC	7,461.11	17,854.18	7,263.94	11,119.51	8,077.60	1,697.06	1,807.08	5,917.24	24,309.02	14,006.64	5,468.78	1,426.94	893.57	775.89	650.48	569.08	671.68	391.95	1,707.96	516.30	679.27	3,775.91	1,388.27										
US Trustee	-	-	-	4,875.00	-	-	6,500.00	-	-	1,950.00	-	-	4,875.43	-	-	325.00	-	-	656.95	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	165,139.35	407,098.77	980,465.23	224,310.47	133,335.63	132,627.63	167,636.24	137,109.43	242,046.36	238,045.62	167,855.45	14,607.54	9,785.89	4,831.39	7,947.01	17,300.48	12,483.58	4,603.95	7,618.72	27,103.81	21,174.12	63,170.44	99,013.38										
Grand Total	3,285,310.49																																

