

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: 8/1/2013 - 8/31/2013

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.

*Philip M. Arlen* ORIGINAL SIGNATURE OF RESPONSIBLE PARTY 9.30.2013 DATE REPORT SIGNED

PHILIP M. ARLEN MD. CEO + PRESIDENT  
 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** -\$3,774.27

*(Exhibit C)*

**CASH PROFIT**

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

EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C) -\$3,774.27

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

**CASH PROFIT FOR THE MONTH** -\$3,774.27

**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** \$8,692.79

*(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>\$1,962,780.01</u>
TOTAL PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR DURING THIS REPORTING PERIOD?	<u>\$4,831.39</u>
TOTAL PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR SINCE THE FILING OF THE CASE?	<u>\$3,209,518.59</u>
PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR <b>RELATED TO BANKRUPTCY</b> DURING THIS REPORTING PERIOD?	<u>\$4,831.39</u>
PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR <b>RELATED TO BANKRUPTCY</b> SINCE THE FILING OF THE CASE?	<u>\$3,024,895.00</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 8/1/2013 to 8/31/2013

(All figures refer to post-petition transactions)

Total Disbursements from Operating Account (Note 1)	+ \$ 3,774.27
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>= \$ 3,774.27 **</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.**

**Bank Account Statements  
Monthly Operating Report  
August 1, 2013 - August 31, 2013  
Neogenix Oncology, Inc.  
Case Number: 12-23557**

9/9/13 at 11:10:39.99

Page: 1

**NEOGENIX ONCOLOGY, INC.**

**Account Reconciliation**

**As of Aug 31, 2013**

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

**Bank Statement Date: August 31, 2013**

Filter Criteria includes: Report is printed in Detail Format.

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Beginning GL Balance	7,318.67
Add: Cash Receipts	
Less: Cash Disbursements	
Add (Less) Other	
Ending GL Balance	<u>7,318.67</u>
Ending Bank Balance	<u>7,318.67</u> ✓
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>7,318.67</u>



565 Fifth Avenue, 12<sup>th</sup> Floor  
New York, New York 10017

Statement Period  
From August 01, 2013  
To August 31, 2013  
Page 1 of 2

**[REDACTED]**  
NEOGENIX ONCOLOGY, INC  
PAYROLL ACCOUNT  
445 NORTHERN BLVD STE 24  
GREAT NECK NY 11021

PRIVATE CLIENT GROUP 193  
40 CUTTERMILL ROAD, SUITE 50  
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 1-888-SIGLINE.

Signature Relationship Summary		Opening Bal.	Closing Bal.
<b>BANK DEPOSIT ACCOUNTS</b>			
<b>[REDACTED]</b> 3216	MONOGRAM CHECKING	7,318.67	7,318.67
RELATIONSHIP	TOTAL		7,318.67 ✓





Statement Period  
From August 01, 2013  
To August 31, 2013  
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

See Back for Important Information

Primary Account: [REDACTED] 3216 0

MONOGRAM CHECKING [REDACTED] 3216

Summary

Previous Balance as of August 01, 2013	7,318.67
There was no deposit activity during this statement period	
Ending Balance as of August 31, 2013	7,318.67
Rates for this statement period - Overdraft	
Aug 01, 2013	13.000000 %





9/9/13 at 11:19:23.96

Page: 1

## NEOGENIX ONCOLOGY, INC.

## Account Reconciliation

As of Aug 31, 2013

- Wells Fargo Checking #9357

Bank Statement Date: August 31, 2013

Filter Criteria includes: Report is printed in Detail Format.

Beginning GL Balance		194,793.96	
Add: Cash Receipts			
Less: Cash Disbursements		(3,774.27)	
Add (Less) Other		(150.00)	
Ending GL Balance		<u>190,869.69</u>	
Ending Bank Balance		192,739.55	<i>W</i>
Add back deposits in transit			
Total deposits in transit			
(Less) outstanding checks			
	Aug 26, 2013	1159	<u>(1,869.86)</u>
Total outstanding checks			(1,869.86) <i>Balance W June ✓</i>
Add (Less) Other			
Total other			
Unreconciled difference		0.00	
Ending GL Balance		<u>190,869.69</u>	<i>W</i>

9/9/13 at 11:16:18.10

Page: 1

**NEOGENIX ONCOLOGY, INC.**

**Account Reconciliation**

**As of Aug 31, 2013**

**[REDACTED] - Wells Fargo MM #3291**

**Bank Statement Date: August 31, 2013**

Filter Criteria includes: Report is printed in Detail Format.

Beginning GL Balance	1,650.53	
Add: Cash Receipts		
Less: Cash Disbursements		
Add (Less) Other	150.07	
Ending GL Balance	<u>1,800.60</u>	
Ending Bank Balance	<u>1,800.60</u>	✓
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>1,800.60</u>	✓

Handwritten checkmark next to Ending Bank Balance.

Handwritten signature and initials next to Unreconciled difference and Ending GL Balance.

# Wells Fargo Combined Statement of Accounts

Primary account number: ██████████9357 ■ August 1, 2013 - August 31, 2013 ■ Page 1 of 5



██████████  
 |||||  
 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: wells Fargo.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 Business Insight Resource Center offers free access to business information and advice through videos, articles, podcasts and other resources. This site offers objective information from industry experts and best practices from real business owners. Topics include cash flow management, how to build and apply for credit, commercial real estate financing, marketing, and more. Visit the site at wells Fargo.com/businessinsights.com.

## Account options

A check mark in the box indicates you have these convenient services with your account. Go to wells Fargo.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	██████████9357	194,793.96	192,739.55
Business Market Rate Savings	3	██████████3291	1,650.53	1,800.60
<b>Total deposit accounts</b>			<b>\$196,444.49</b>	<b>\$194,540.15</b>

Primary account number: [REDACTED] 9357 ■ August 1, 2013 - August 31, 2013 ■ Page 2 of 5



## Gold Business Services Package

### Activity summary

Beginning balance on 8/1	\$194,793.96
Deposits/Credits	0.00
Withdrawals/Debits	- 2,054.41
<b>Ending balance on 8/31</b>	<b>\$192,739.55</b>
 Average ledger balance this period	 \$194,521.09

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 and Automatic Payments use  
Routing Number (RTN): [REDACTED]

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

### 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
8/1	Recurring Transfer to Neogenix Oncology Inc Business Market Rate Savings Ref # [REDACTED]		150.00	194,643.96
8/30	1161 Check		1,904.41	192,739.55
<b>Ending balance on 8/31</b>				<b>192,739.55</b>
<b>Totals</b>		<b>\$0.00</b>	<b>\$2,054.41</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
1161	8/30	1,904.41

### 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 08/01/2013 - 08/31/2013      Standard monthly service fee \$14.00      You paid \$0.00

The bank has waived the package requirements for this fee period. For the next fee period, you need to complete the package requirements.

#### How to avoid the monthly service fee (complete 1 AND 2)

	Minimum required	This fee period
1) Have any ONE of the following account requirements		
• Average ledger balance	\$7,500.00	\$194,521.00 <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	\$150.00 <input checked="" 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	<input checked="" type="checkbox"/>
- Average ledger balances in business checking, savings, and time accounts		





**Monthly service fee summary (continued)**

**How to avoid the monthly service fee (complete 1 AND 2)**

- Most recent statement balances of: business credit card, Wells Fargo Express Equity<sup>SM</sup> and BusinessLine<sup>SM</sup> lines of credit, Wells Fargo BusinessLoan<sup>SM</sup> term loan
- Average daily balances from previous month in business PrimeLine<sup>SM</sup> line of credit and Business PrimeLoan<sup>SM</sup> account, Wells Fargo Express Equity<sup>SM</sup>, SBA, and Equipment Express<sup>SM</sup> loans
- 2) Complete the package requirements
  - Have qualifying linked accounts or services in separate categories\*

Minimum required

This fee period

3

\*Includes Wells Fargo business accounts and services such as debit card, savings accounts, active Online Banking, credit card, loans and lines of credit.  
C2/C2

**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>

**Business Market Rate Savings**

**Activity summary**

Beginning balance on 8/1	\$1,650.53
Deposits/Credits	150.07
Withdrawals/Debits	- 0.00
<b>Ending balance on 8/31</b>	<b>\$1,800.60</b>
Average ledger balance this period	\$1,800.53

Account number: [REDACTED] 3291

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

Florida account terms and conditions apply

For Direct Deposit and Automatic Payments use

Routing Number (RTN): [REDACTED]

For Wire Transfers use

Routing Number (RTN): [REDACTED]

**Interest summary**

Interest paid this statement	\$0.07
Average collected balance	\$1,800.53
Annual percentage yield earned	0.05%
Interest earned this statement period	\$0.07
Interest paid this year	\$0.48

**Transaction history**

Date	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
8/1	Recurring Transfer From Neogenix Oncology I Business Checking Ref # [REDACTED] 9357	150.00		1,800.53
8/30	Interest Payment	0.07		1,800.60
<b>Ending balance on 8/31</b>				<b>1,800.60</b>
<b>Totals</b>		<b>\$150.07</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.

Primary account number: ██████████ 9357 ■ August 1, 2013 - August 31, 2013 ■ Page 4 of 5



**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 08/01/2013 - 08/31/2013	Standard monthly service fee \$6.00	You paid \$0.00
<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	\$150.00 <input checked="" type="checkbox"/>

VC/C

005388





**Exhibit C - Expenses**  
**Monthly Operating Report**  
**August 1, 2013 - August 31, 2013**  
**Neogenix Oncology, Inc.**  
**Case Number: 12-23557**





**NEOGENIX ONCOLOGY, INC.**  
**Cash Account Register**  
**For the Period From Aug 1, 2013 to Aug 31, 2013**  
**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			1,650.53	1,650.53
8/1/13	Transfer 8.1	1	Gen. Jrl.			150.00	1,800.53
8/31/13	08/31/13		Gen. Jrl.			0.07	1,800.60
			<b>Total</b>			<b>150.07</b>	

**NEOGENIX ONCOLOGY, INC.**  
Cash Account Register  
For the Period From Aug 1, 2013 to Aug 31, 2013  
Signature Payroll Acct #3216

Date	Reference	Type	Payee/Paid By	Memo	Payment Amt	Receipt Amt	Balance
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No Activity

**Exhibit D - Unpaid Bills**  
**Monthly Operating Report**  
**August 1, 2013 - August 31, 2013**  
**Neogenix Oncology, Inc.**  
**Case Number: 12-23557**

**NEOGENIX ONCOLOGY, INC.**  
**Post-Petition AP**  
**From August 1, 2013 to August 31, 2013**

<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	628.92
Accounts Payable-Post Petition	Tanner (2012 Tax Prep)	5,000.00
<b>Total</b>		<b>8,692.79</b>

**Bankruptcy Case Related Professional Fees**  
**Monthly Operating Report**  
**August 1, 2013 - August 31, 2013**  
**Neogenix Oncology, Inc.**  
**Case Number: 12-23557**

**Neogenix Bankruptcy Case Related Professional Fees**

	July stub	August	September	October	November	December	January	February	March	April	May	June	July	August
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
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	-
P/C Fees	-	50,000.00	50,000.00	50,000.00	25,000.00	25,000.00	20,000.00	-	-	-	-	-	-	-
P/C Transaction Fee	-	-	650,000.00	-	-	-	-	-	-	-	-	-	-	-
P/C 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
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
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
US Trustee	-	-	-	4,875.00	-	-	6,500.00	-	-	1,950.00	-	-	4,875.43	-
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

Grand Total 3,024,895.00

Neogenix Bankruptcy Case Related Professional Fees - Approved by Court

	November	December	January	February	March	April	May	June	July	August
GT Fees	-	739,552.05	-	-	-	-	-	-	-	-
GT Expenses	-	5,022.18	-	-	-	-	-	-	-	-
PJC Fees	-	150,000.00	-	-	-	-	-	70,000.00	-	-
PJC Transaction Fee	650,000.00	-	-	-	-	-	-	-	-	-
PJC Expenses	-	4,513.34	-	-	-	-	-	1,181.60	-	-
Sands Anderson Fees	-	103,731.50	-	-	-	-	-	104,736.00	-	-
Sands Anderson Expenses	-	3,303.30	-	-	-	-	-	938.50	-	-
Deloitte Fees	-	72,300.00	-	-	-	-	-	13,846.00	-	-
Deloitte Expenses	-	17.71	-	-	-	-	-	1.98	-	-
Hunton Williams Fees	-	-	-	-	34,450.00	-	-	-	-	-
Hunton Williams Expenses	-	-	-	-	9,185.85	-	-	-	-	-
Total	650,000.00	1,078,440.08	-	-	43,635.85	-	-	190,704.08	-	-

Grand Total 1,962,780.01