

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: 9/1/2013 - 9/30/2013

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.

Phil M Arden
 ORIGINAL SIGNATURE OF RESPONSIBLE PARTY

10/28/13
 DATE REPORT SIGNED

Phil M Arden
 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 checked="" type="checkbox"/>	<input 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 -\$48,626.93

(Exhibit C)

CASH PROFIT

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

EXPENSES FOR THE MONTH (TOTAL FROM EXHIBIT C) -\$48,626.93

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

CASH PROFIT FOR THE MONTH -\$48,626.93

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 \$199,443.79

(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>\$7,947.01</u>
TOTAL PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR SINCE THE FILING OF THE CASE?	<u>\$3,217,465.60</u>
PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR RELATED TO BANKRUPTCY DURING THIS REPORTING PERIOD?	<u>\$7,947.01</u>
PROFESSIONAL FEES INCURRED BY OR ON BEHALF OF THE DEBTOR RELATED TO BANKRUPTCY SINCE THE FILING OF THE CASE?	<u>\$3,032,842.01</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 9/1/2013 to 9/30/2013

(All figures refer to post-petition transactions)

Total Disbursements from Operating Account (Note 1)	+ \$ 48,626.93
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
Grand Total Disbursements from all accounts	= \$ 48,626.93 **

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
September 1, 2013 - September 30, 2013
Neogenix Oncology, Inc.
Case Number: 12-23557

10/11/13 at 14:13:41.58

Page: 1

NEOGENIX ONCOLOGY, INC.

Account Reconciliation

As of Sep 30, 2013

[REDACTED] - Wells Fargo Checking #9357

Bank Statement Date: September 30, 2013

Filter Criteria includes: Report is printed in Detail Format.

Beginning GL Balance	190,869.69
Add: Cash Receipts	
Less: Cash Disbursements	(48,612.93)
Add (Less) Other	(14.00)
Ending GL Balance	<u>142,242.76</u>
Ending Bank Balance	142,242.76
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>142,242.76</u>

[Handwritten mark]

[Handwritten signature]

10/11/13 at 14:05:54.99

Page: 1

NEOGENIX ONCOLOGY, INC.

Account Reconciliation

As of Sep 30, 2013

[REDACTED] - Wells Fargo MM #3291

Bank Statement Date: September 30, 2013

Filter Criteria includes: Report is printed in Detail Format.

Beginning GL Balance	1,800.60
Add: Cash Receipts	
Less: Cash Disbursements	
Add (Less) Other	<u>0.08</u>
Ending GL Balance	<u>1,800.68</u>
Ending Bank Balance	1,800.68 ✓✓
Add back deposits in transit	<u> </u>
Total deposits in transit	
(Less) outstanding checks	<u> </u>
Total outstanding checks	
Add (Less) Other	<u> </u>
Total other	
Unreconciled difference	<u>0.00</u>
Ending GL Balance	<u>1,800.68</u> ✓✓

Handwritten signatures and checkmarks are present on the right side of the reconciliation table, including two checkmarks next to the Ending Bank Balance and a large signature at the bottom right.

Wells Fargo Combined Statement of Accounts

Primary account number: [REDACTED] 9357 ■ September 1, 2013 - September 30, 2013 ■ Page 1 of 5



[REDACTED]
 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	[REDACTED] 9357	192,739.55	142,242.76
Business Market Rate Savings	3	[REDACTED] 3291	1,800.60	1,800.68
Total deposit accounts			\$194,540.15	\$144,043.44



Gold Business Services Package

Activity summary

Beginning balance on 9/1	\$192,739.55
Deposits/Credits	0.00
Withdrawals/Debits	- 50,496.79
Ending balance on 9/30	\$142,242.76
 Average ledger balance this period	 \$167,077.71

Account number: ██████████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): ██████████

For Wire Transfers use

Routing Number (RTN): ██████████

Overdraft Protection

Your account is linked to the following for Overdraft Protection:

- Savings ██████████3291

Transaction history

Date	Check Number	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
9/4	1159	Check		1,869.86 ✓	190,869.69
9/16	1165	Check		39,409.90 ✓	151,459.79
9/17	1162	Check		4,875.43 ✓	
9/17	1163	Check		4,016.60 ✓	142,567.76
9/19	1164	Check		311.00 ✓	142,256.76
9/30		Monthly Service Fee		14.00 ✓	142,242.76
Ending balance on 9/30					142,242.76
Totals			\$0.00	\$50,496.79	

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	Number	Date	Amount	Number	Date	Amount
1159	9/4	1,869.86	1163	9/17	4,016.60	1165	9/16	39,409.90
1162 *	9/17	4,875.43	1164	9/19	311.00			

* Gap in check sequence.

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 to find answers to common questions about the monthly service fee on your account.

Fee period 09/01/2013 - 09/30/2013	Standard monthly service fee \$14.00	You paid \$14.00
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How to avoid the monthly service fee (complete 1 AND 2)

1) Have any **ONE** of the following account requirements

	Minimum required	This fee period
• Average ledger balance	\$7,500.00	\$167,078.00 <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"/>



Primary account number: XXXXXXXXXX 9357 ■ September 1, 2013 - September 30, 2013 ■ Page 4 of 5



Transaction history

Date	Description	Deposits/ Credits	Withdrawals/ Debits	Ending daily balance
9/30	Interest Payment	0.08		1,800.68
Ending balance on 9/30				1,800.68
Totals		\$0.08	\$0.00	

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 to find answers to common questions about the monthly service fee on your account.

Fee period 09/01/2013 - 09/30/2013	Standard monthly service fee \$6.00	You paid \$0.00
How to avoid the monthly service fee	Minimum required	This fee period
Have any ONE 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"/>



IMPORTANT ACCOUNT INFORMATION

Online and Telephone Transfers from a Savings Account May Be Declined

Beginning December 11, 2013, transfers from this savings account through online banking (including mobile and text) or by telephone may be declined for the remainder of the monthly statement period if the federal limit of 6 (six) transfers is reached. We are taking this step to help customers stay within the federal limit.

As stated in your Account Agreement, most transfers from savings accounts are limited by Regulation D to 6 (six) per month including transfers for overdraft protection coverage, online banking, or by telephone (automated and banker assisted). If the limit is exceeded, an excess activity fee applies and the account may be converted to a checking account.

There are no limits on transfers or withdrawals made in person at ATMs or Wells Fargo banking locations or on any types of deposits.

If you have questions, please contact your local banker or call the phone number on the top of your statement.

10/11/13 at 14:16:17.50

Page: 1

NEOGENIX ONCOLOGY, INC.

Account Reconciliation

As of Sep 30, 2013

[REDACTED] - Signature Payroll Acct #3216

Bank Statement Date: September 30, 2013

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	<u>7,318.67</u>
Ending Bank Balance	<u>7,318.67</u>
Add back deposits in transit	<u> </u>
Total deposits in transit	<u> </u>
(Less) outstanding checks	<u> </u>
Total outstanding checks	<u> </u>
Add (Less) Other	<u> </u>
Total other	<u> </u>
Unreconciled difference	<u>0.00</u>
Ending GL Balance	<u>7,318.67</u>

id

✓
[Signature]

565 Fifth Avenue, 12th Floor
New York, New York 10017

Statement Period
From September 01, 2013
To September 30, 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.
BANK DEPOSIT ACCOUNTS			
[REDACTED] 3216	MONOGRAM CHECKING	7,318.67	7,318.67
RELATIONSHIP	TOTAL		7,318.67 <i>W</i>



037376



Statement Period
From September 01, 2013
To September 30, 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 September 01, 2013	7,318.67
There was no deposit activity during this statement period	
Ending Balance as of September 30, 2013	7,318.67
Rates for this statement period - Overdraft	
Sep 01, 2013	13.000000 %



Exhibit C - Expenses
Monthly Operating Report
September 1, 2013 - September 30, 2013
Neogenix Oncology, Inc.
Case Number: 12-23557

NEOGENIX ONCOLOGY, INC.
Cash Account Register
For the Period From Sep 1, 2013 to Sep 30, 2013
Wells Fargo Checking #9357

Date	Reference	Type	Payee/Paid By	Memo	Payment Amt	Receipt Amt	Balance
			Opening Balance			190,869.69	190,869.69
9/10/13	1162	Payment	US Trustee		4,875.43		185,994.26
9/10/13	1163	Payment	Deloitte Financial		4,016.60		181,977.66
9/10/13	1164	Payment	CSC		311.00		181,666.66
9/10/13	1165	Payment	Sands Anderson PC		39,409.90		142,256.76
9/30/13	09/30/13	Gen. Jnl.			14.00		142,242.76
		Total			48,626.93		

NEOGENIX ONCOLOGY, INC.
Cash Account Register
For the Period From Sep 1, 2013 to Sep 30, 2013
Wells Fargo MM #3291

Date	Reference	Type	Payee/Paid By	Memo	Payment Amt	Receipt Amt	Balance
			Opening Balance			1,800.60	1,800.60
9/30/13	09/30/13	Gen. Jnl.				0.08	1,800.68
		Total				0.08	

NEOGENIX ONCOLOGY, INC.
Cash Account Register
For the Period From Sep 1, 2013 to Sep 30, 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
September 1, 2013 - September 30, 2013
Neogenix Oncology, Inc.
Case Number: 12-23557

NEOGENIX ONCOLOGY, INC.
Post-Petition AP
From September 1, 2013 to September 30, 2013

Account Description	Trans Description	Amount
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 - August	628.92
Accounts Payable-Post Petition	Continental Stock Transfer - September	627.83
Accounts Payable-Post Petition	Tanner	5,800.00
Accounts Payable-Post Petition	KCC - May	5,468.78
Accounts Payable-Post Petition	KCC - June	1,426.94
Accounts Payable-Post Petition	KCC - July	893.57
Accounts Payable-Post Petition	KCC - August	778.89
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 - Holdbacks	153,449.16
Accounts Payable-Post Petition	Sands Anderson - Holdbacks	3,993.74
Total		199,443.79

Bankruptcy Case Related Professional Fees
Monthly Operating Report
September 1, 2013 - September 30, 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	September
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
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	-	-
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
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
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
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	7,947.01

Grand Total 3,032,842.01

