

FORM 6 FULL AND PUBLIC DISCLOSURE OF

2006

Please print or type your name, mailing address, agency name, and position below:

FINANCIAL INTERESTS

LAST NAME — FIRST NAME — MIDDLE NAME:

Judah, Henry Ray

MAILING ADDRESS:

12664 Coconut Creek Court

CITY:

Fort Myers, FL

ZIP:

33908

COUNTY:

Lee

NAME OF AGENCY:

Board of County Commissioners

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

County Commissioner, District 3

FOR OFFICE
USE ONLY:

COPY

ID No.

Conf. Code

P. Req. Code

07 JUL 02 PM 12:08 SDE Lee Co FL

CHECK IF THIS IS A FILING BY A CANDIDATE ☐

PDF 2005

PART A — NET WORTH

Please enter the value of your net worth as of December 31, 2006, or a more current date. [Note: Net worth is not calculated by subtracting your reported liabilities from your reported assets, so please see the instructions on page 3.]

My net worth as of July 1, 20 07 was \$ \$851,673.53

PART B — ASSETS

HOUSEHOLD GOODS AND PERSONAL EFFECTS:

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use.

The aggregate value of my household goods and personal effects (described above) is \$ 50,000

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

DESCRIPTION OF ASSET (specific description is required - see instructions p.4)	VALUE OF ASSET
Residence 01-46-23-28-00000.1180	\$470,490.00
Residential lot No. B4L10 Wild River Phase III, Deschutes County, Oregon	\$ 53,230.00
Ltd. Partnership - Justice Investors Ltd.	\$ 80,000.00
Charles Schwab Brokerage Accounty & Money Market Fund	\$ 57,346.18
Lee County Deferred Compensation Program	\$141,483.70

PART C — LIABILITIES

LIABILITIES IN EXCESS OF \$1,000:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY
Suncoast Schools Federal Credit Union	\$ 10,904.57
6801 East Hillsborough Avenue/P.O. Box 11904/Tampa, FL 33680	

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

NAME AND ADDRESS OF CREDITOR	AMOUNT OF LIABILITY

PART D -- INCOME

You may ***EITHER*** (1) file a complete copy of your 2006 federal income tax return, including all attachments, ***OR*** (2) file a sworn statement identifying each separate source and amount of income which exceeds \$1,000, including secondary sources of income, by completing the remainder of Part D, below.

☒ I elect to file a copy of my 2006 federal income tax return. [If you check this box and attach a copy of your 2006 tax return, you need not complete the remainder of Part D.]

PRIMARY SOURCES OF INCOME:

NAME OF SOURCE OF INCOME EXCEEDING \$1,000	ADDRESS OF SOURCE OF INCOME	AMOUNT

SECONDARY SOURCES OF INCOME [Major customers, clients, etc., of businesses owned by reporting person--see instructions]:

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE

PART E -- INTERESTS IN SPECIFIED BUSINESSES

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY			
ADDRESS OF BUSINESS ENTITY			
PRINCIPAL BUSINESS ACTIVITY			
POSITION HELD WITH ENTITY			
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS			
NATURE OF MY OWNERSHIP INTEREST			

IF ANY OF PARTS A THROUGH E ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

OATH

I, the person whose name appears at the beginning of this form, do depose on oath or affirmation and say that the information disclosed on this form and any attachments hereto is true, accurate, and complete.

STATE OF FLORIDA
COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me this 2ND day of

JULY, 2007 by HENRY RAYMOND JUDAH

Dinah L. Johnson
(Signature of Notary Public--State of Florida)



Dinah L. Johnson
My Commission DD248375
Expires September 09, 2007

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known X OR Produced Identification _____

Type of Identification Produced _____

Henry Raymond Judah
SIGNATURE OF REPORTING OFFICIAL OR CANDIDATE

FILING INSTRUCTIONS for when and where to file this form are located at the top of page 3.
INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.
OTHER FORMS you may need to file are described on page 6.

MEMORANDUM
FROM
THE OFFICE OF COMMISSIONER RAY JUDAH
LEE COUNTY BOARD OF COUNTY COMMISSIONERS
DISTRICT 3

COPY

DATE: July 2, 2007

TO: Sharon Harrington
Supervisor of Elections

FROM: Ray Judah
Commissioner Ray Judah

RE: Financial Disclosure for 2006

Enclosed please find a copy of Form 6, as prescribed by the Commission on Ethics, for making full and public my financial disclosure for year 2006.

Thank you.

07JUL02PM1208 SDE Lee Co FI

FORM 6:
FULL AND PUBLIC DISCLOSURE OF FINANCIAL INTERESTS 2006
(Continued)

PART B:
ASSETS WORTH MORE THAN \$1,000

<u>Description of Asset</u>	<u>Value of Asset</u>
Bank Accounts	
Wachovia Bank	\$2,579.45
Sun Trust	
 Roth IRA	 \$7,448.77

07 JUL 02 PM 1208 SDE Lee Co FI

Copy C For EMPLOYEE'S RECORDS (See Notice to Employee.)		2006	OMB No. 1545-0008
a Control number 69 007381	1 Wages, tips, other comp. 26950.31	2 Federal income tax withheld 3297.31	
b Employer ID number 59-1166437	3 Social security wages 26950.31	4 Social security tax withheld 1670.92	
	5 Medicare wages and tips 26950.31	6 Medicare tax withheld 390.74	
c Employer's name, address, and ZIP code Shell Point Retirement Community 15000 Shell Point Blvd. Suite 100 Fort Myers, FL 33908-1637			
d Employee's social security number [REDACTED]			
e Employee's name, address, and ZIP code Kristen Judah 12664 Coconut Creek Court Ft. Myers, FL 33908			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code See Inst. for box 12	
13 Statutory employee	14 Other	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Dept. of the Treasury -- IRS 39-1908647
This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

a Control number 1503	1 Wages, tips, other compensation 74686.08	2 Federal income tax withheld 8023.83
OMB NO. 1545-0008	3 Social security wages 82686.02	4 Social security tax withheld 5126.53
	5 Medicare wages and tips 82686.02	6 Medicare tax withheld 1198.95

c Employer's name, address and ZIP code
BOARD OF COUNTY COMMISSIONERS
2115 SECOND STREET
FORT MYERS FL 33901

7 Social security tips .00	8 Allocated tips .00	9 Advance EIC payment .00
10 Dependent care benefits .00	11 Nonqualified plans .00	12a See instructions for box 12 C 304.06
12b G 7999.92	12c	12d

b Employer identification number (EIN)
59-6000792

d Employee's social security number
 [REDACTED]

13 Statutory employee	Retirement plan	Third-party sick pay	14 Other
	X		

e Employee's name, address and ZIP code

HENRY R JUDAH
12664 COCONUT CREEK COURT
FORT MYERS FL 33908

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

2006	15 State Employer's state ID No.	16 State wages, tips, etc. .00
Form W-2 Wage and Tax Statement Copy C-For EMPLOYEE'S RECORDS (see Notice to Employee on back of Copy B.)	17 State income tax .00	18 Local wages, tips, etc. .00
	19 Local income tax .00	20 Locality name

Label (See instructions on page 16.) Use the IRS label. Otherwise, please print or type. Presidential Election Campaign	LABEL HERE	For the year Jan. 1-Dec. 31, 2006, or other tax year beginning _____, 2006, ending _____, 20		OMB No. 1545-0074																																																																			
		Your first name and initial HENRY R		Last name JUDAH																																																																			
		If a joint return, spouse's first name and initial KRISTEN L		Last name JUDAH																																																																			
		Home address (number and street). If you have a P.O. box, see page 16. 12664 COCONUT CREEK CT		Apt. no. 																																																																			
City, town or post office, state, and ZIP code. If you have a foreign address, see page 16. FORT MYERS, FL 33908-3050				You must enter your SSN(s) above. Checking a box below will not change your tax or refund.																																																																			
Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16) <input type="checkbox"/> You <input type="checkbox"/> Spouse																																																																							
Filing Status 1 <input type="checkbox"/> Single 2 <input checked="" type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. 4 <input type="checkbox"/> Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see page 17)																																																																							
Exemptions 6a <input checked="" type="checkbox"/> Yourself. If someone can claim you as a dependent, do not check box 6a b <input checked="" type="checkbox"/> Spouse c Dependents: <table border="1"> <thead> <tr> <th>(1) First name</th> <th>Last name</th> <th>(2) Dependent's social security number</th> <th>(3) Dependent's relationship to you</th> <th>(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 19)</th> </tr> </thead> <tbody> <tr> <td>KALLEN LEE</td> <td>JUDAH</td> <td></td> <td>SON</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> d Total number of exemptions claimed 3						(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see page 19)	KALLEN LEE	JUDAH		SON																																																									
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Tax and Credits

Standard Deduction for -

• People who checked any box on line 39a or 39b or who can be claimed as a dependent.

• All others:

Single or Married filing separately, \$5,150

Married filing jointly or Qualifying widow(er), \$10,300

Head of household, \$7,550

38	Amount from line 37 (adjusted gross income)	38	110,138.
39a	Check <input type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 34 and check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	10,300.
41	Subtract line 40 from line 38	41	99,838.
42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	9,900.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	89,938.
44	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	14,754.
45	Alternative minimum tax. Attach Form 6251	45	
46	Add lines 44 and 45	46	14,754.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Residential energy credits. Attach Form 5695	52	
53	Child tax credit (see page 42). Attach Form 8901 if required	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	14,754.
58	Self-employment tax. Attach Schedule SE	58	
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	14,754.

Other Taxes**Payments**

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	11,321.
65	2006 estimated tax payments and amount applied from 2005 return	65	
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 60)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	50.
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	11,371.

Refund

Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	
b	Routing number <input type="text"/> c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings d Account number <input type="text"/>		
75	Amount of line 73 you want applied to your 2007 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 62	76	3,383.
77	Estimated tax penalty (see page 62)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 63)? ☒ Yes. Complete the following. ☐ No

Sign Here

Joint return? See page 17. Keep a copy for your records.

Designee's name	PREPARER	Phone no.		Personal identification number (PIN)	
Your signature		Date		Your occupation	COUNTY COMMISSIONER
Spouse's signature		Date		Spouse's occupation	

Paid**Preparer's**

Preparer's signature		Date		Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
					P00045558

Use Only

Firm's name (or yours if self-employed), address, and ZIP code	GILBERT, WALLACE, STEWART, MCGEE, STRAMEL & SOWERS, PA PO BOX 308, FORT MYERS, FL 33902-0308	EIN	59 2745432
		Phone no.	239 334-1363

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1.

Your social security number

HENRY R & KRISTEN L JUDAH**Schedule B - Interest and Ordinary Dividends**Attachment
Sequence No. **08****Part I
Interest**

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ►

WACHOVIA #2579392-CKGWACHOVIA #328613-SVGSFROM K-1 - JUSTICE INVESTORS

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

Amount

1.

10.

17.

1

- 2 Add the amounts on line 1

2

28.

- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.

Attach Form 8815

3

- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a

4

28.

Note. If line 4 is over \$1,500, you must complete Part III.

**Part II
Ordinary
Dividends**

- 5 List name of payer ►

CHARLES SCHWAB & CO#GS 4866-6302

Amount

1,120.

5

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a

6

1,120.

Note. If line 6 is over \$1,500, you must complete Part III.

**Part III
Foreign
Accounts
and
Trusts**

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes No

- 7a At any time during 2006, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account?

X

- b If "Yes," enter the name of the foreign country ►

- 8 During 2006, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust?

If "Yes," you may have to file Form 3520. See page B-2

X

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on return

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

▶ See Instructions for Schedule D (Form 1040).

OMB No. 1545-0074

2006

Attachment
Sequence No. **12**

Your social security number

HENRY R & KRISTEN L JUDAH

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
1					
2 Enter your short-term totals, if any, from Schedule D-1, line 2		2			
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)		3			
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet in the instructions				6	()
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)				7	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price	(e) Cost or other basis	(f) Gain or (loss) Subtract (e) from (d)
8 EDISON INTERNATIONAL	09/30/86	11/07/06	4,924.	1,911.	3,013.
SYMANTEC CORP	12/28/98	11/07/06	4,927.	586.	4,341.
9 Enter your long-term totals, if any, from Schedule D-1, line 9		9			
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)		10	9,851.		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12	
13 Capital gain distributions				13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet in the instructions				14	()
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2				15	7,354.

LHA For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.

Schedule D (Form 1040) 2006

Part III Summary

16 Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below	16	7,354.
17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the instructions	18	
19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-9 of the instructions	19	
20 Are lines 18 and 19 both zero or blank? <input checked="" type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) 	21	()
Note. When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

Schedule D (Form 1040) 2006

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

Your social security number

HENRY R & KRISTEN L JUDAH**Caution:** The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.**Part II Income or Loss From Partnerships and S Corporations** Note. If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See page E-1.

- 27 Are you reporting any loss not allowed in a prior year due to the at-risk or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? ☐ Yes ☒ No
If you answered "Yes," see page E-6 before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	JUSTICE INVESTORS	P		94-6213901	
B					
C					
D					

Passive Income and Loss		Nonpassive Income and Loss		
(f) Passive loss allowed (attach Form 8582 if required)	(g) Passive income from Schedule K-1	(h) Nonpassive loss from Schedule K-1	(i) Section 179 expense deduction from Form 4562	(j) Nonpassive income from Schedule K-1
A 0.				
B				
C				
D				
29a Totals				
b Totals				
30 Add columns (g) and (j) of line 29a			30	
31 Add columns (f), (h), and (i) of line 29b			31	()
32 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below			32	

Part III Income or Loss From Estates and Trusts

33		(a) Name		(b) Employer identification number	
A	GRETA E. JUDAH TRUST FBO RAY JUDAH			68-6082466	
B					
Passive Income and Loss				Nonpassive Income and Loss	
(c) Passive deduction or loss allowed (attach Form 8582 if required)		(d) Passive income from Schedule K-1		(e) Deduction or loss from Schedule K-1	
(f) Other income from Schedule K-1					
A	0.				
B					
34a	Totals				
b	Totals				
35	Add columns (d) and (f) of line 34a			35	
36	Add columns (c) and (e) of line 34b			36	()
37	Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below			37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b
39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below				39

Part V Summary

40	Net farm rental income or (loss) from Form 4835. Also, complete line 42 below	40	
41	Total income or (loss). Combine lines 28, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18	41	0.
42	Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code T; and Schedule K-1 (Form 1041), line 14, code F (see page E-7)	42	
43	Reconciliation for real estate professionals. If you were a real estate professional (see page E-1), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return. ▶ See separate instructions.

OMB No. 1545-0184

2006
Attachment
Sequence No. **27**

Identifying number

HENRY R & KRISTEN L JUDAH

1 Enter the gross proceeds from sales or exchanges reported to you for 2006 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20 **1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From
Other Than Casualty or Theft-Most Property Held More Than 1 Year** (see instructions)

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2 PALJUSTICE INVESTORS						0.
3 Gain, if any, from Form 4684, line 42						3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6 Gain, if any, from line 32, from other than casualty or theft						6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						7
8 Nonrecaptured net section 1231 losses from prior years (see instructions)						8
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)						9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7						11
12 Gain, if any, from line 7 or amount from line 8, if applicable						12
13 Gain, if any, from line 31						13
14 Net gain or (loss) from Form 4684, lines 34 and 41a						14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17 Combine lines 10 through 16						17
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: a If the loss on line 11 includes a loss from Form 4684, line 38, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 27, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 22. Identify as from "Form 4797, line 18a." See instructions						18a
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14						18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2006)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A			
B			
C			
D			
These columns relate to the properties on lines 19A through 19D.			
	►	Property A	Property B
20	Gross sales price (Note: See line 1 before completing.)	20	
21	Cost or other basis plus expense of sale	21	
22	Depreciation (or depletion) allowed or allowable	22	
23	Adjusted basis. Subtract line 22 from line 21	23	
24	Total gain. Subtract line 23 from line 20	24	
25	If section 1245 property:		
a	Depreciation allowed or allowable from line 22	25a	
b	Enter the smaller of line 24 or 25a	25b	
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
a	Additional depreciation after 1975 (see instructions)	26a	
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b	
c	Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c	
d	Additional depreciation after 1969 and before 1976	26d	
e	Enter the smaller of line 26c or 26d	26e	
f	Section 291 amount (corporations only)	26f	
g	Add lines 26b, 26e, and 26f	26g	
27	If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).		
a	Soil, water, and land clearing expenses	27a	
b	Line 27a multiplied by applicable percentage	27b	
c	Enter the smaller of line 24 or 27b	27c	
28	If section 1254 property:		
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	28a	
b	Enter the smaller of line 24 or 28a	28b	
29	If section 1255 property:		
a	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a	
b	Enter the smaller of line 24 or 29a (see instructions)	29b	

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 36. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

	(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33
34	Recomputed depreciation (see instructions)	34
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35

Passive Activity Loss Limitations

► See separate instructions.
► Attach to Form 1040 or Form 1041.

2006Attachment
Sequence No. **88**

Name(s) shown on return

Identifying number

HENRY R & KRISTEN L JUDAH**Part I 2006 Passive Activity Loss** Caution: Complete Worksheets 1, 2, and 3 on page 2 before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation see**Special Allowance for Rental Real Estate Activities** on page 3 of the instructions.)**1a** Activities with net income (enter the amount from Worksheet 1, column (a))**1a****b** Activities with net loss (enter the amount from Worksheet 1, column (b))**1b****c** Prior years unallowed losses (enter the amount from Worksheet 1, column (c))**1c****d** Combine lines 1a, 1b, and 1c**1d****Commercial Revitalization Deductions From Rental Real Estate Activities****2a** Commercial revitalization deductions from Worksheet 2, column (a)**2a****b** Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)**2b****c** Add lines 2a and 2b**2c****All Other Passive Activities****3a** Activities with net income (enter the amount from Worksheet 3, column (a))**3a****b** Activities with net loss (enter the amount from Worksheet 3, column (b))**3b**

<1,943.>

c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))**3c**

<1,771.>

d Combine lines 3a, 3b, and 3c**3d**

<3,714.>

4 Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582. Report the losses on the forms and schedules normally used**4**

<3,714.>

If line 4 is a loss and:

- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.**Part II Special Allowance for Rental Real Estate Activities With Active Participation****Note:** Enter all numbers in Part II as positive amounts. See page 8 of the instructions for an example.**5** Enter the smaller of the loss on line 1d or the loss on line 4**5****6** Enter \$150,000. If married filing separately, see the instructions**6****7** Enter modified adjusted gross income, but not less than zero (see the instr.)**7****Note:** If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.**8** Subtract line 7 from line 6**8****9** Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see the instructions**9****10** Enter the smaller of line 5 or line 9**10**

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities**Note:** Enter all numbers in Part III as positive amounts. See the example for Part II on page 8 of the instructions.**11** Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions**11****12** Enter the loss from line 4**12****13** Reduce line 12 by the amount on line 10**13****14** Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13**14****Part IV Total Losses Allowed****15** Add the income, if any, on lines 1a and 3a and enter the total**15****16** Total losses allowed from all passive activities for 2006. Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return**16**

SEE STATEMENT 6

0.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

619762 10-17-06

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total				

Name of Activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
SEE ATTACHED STATEMENT FOR WORKSHEET 7					
OVERALL					
Total		3,714.	1.0000000	3,714.	

Form **8582**Department of the Treasury
Internal Revenue Service (99)

ALTERNATIVE MINIMUM TAX

Passive Activity Loss Limitations▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

OMB No. 1545-1008

2006Attachment
Sequence No. **88**

Name(s) shown on return

Identifying number

HENRY R & KRISTEN L JUDAH**Part I 2006 Passive Activity Loss** Caution: Complete Worksheets 1, 2, and 3 on page 2 before completing Part I.**Rental Real Estate Activities With Active Participation** (For the definition of active participation see Special Allowance for Rental Real Estate Activities on page 3 of the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b		
c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c		
d Combine lines 1a, 1b, and 1c	1d		
Commercial Revitalization Deductions From Rental Real Estate Activities			
2a Commercial revitalization deductions from Worksheet 2, column (a)	2a		
b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b		
c Add lines 2a and 2b	2c		
All Other Passive Activities			
3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a		
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	<1,737.>	
c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	<1,771.>	
d Combine lines 3a, 3b, and 3c	3d		<3,508.>
4 Combine lines 1d, 2c, and 3d. If the result is net income or zero, all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Do not complete Form 8582. Report the losses on the forms and schedules normally used	4		<3,508.>

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See page 8 of the instructions for an example.

5 Enter the smaller of the loss on line 1d or the loss on line 4	5	
6 Enter \$150,000. If married filing separately, see the instructions	6	
7 Enter modified adjusted gross income, but not less than zero (see the instr.)	7	
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.		
8 Subtract line 7 from line 6	8	
9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see the instructions	9	
10 Enter the smaller of line 5 or line 9	10	

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II on page 8 of the instructions.


11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12 Enter the loss from line 4	12	
13 Reduce line 12 by the amount on line 10	13	
14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15	
16 Total losses allowed from all passive activities for 2006. Add lines 10, 14, and 15. See the instructions to find out how to report the losses on your tax return	16	SEE STATEMENT 10 0.

Caution: *The worksheets must be filed with your tax return. Keep a copy for your records.*

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c 					

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b			

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
SEE ATTACHED STATEMENT FOR WORKSHEET 3					
Total. Enter on Form 8582, lines 3a, 3b, and 3c		<1,737.>	<1,771.>		

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total					

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
	SEE ATTACHED STATEMENT FOR WORKSHEET			5
Total		3,508.	1.000000000	3,508.

ALTERNATIVE MINIMUM TAX

Form 8582 (2006) **HENRY R & KRISTEN L JUDAH**

Page 3

Worksheet 6 - Allowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total				

Worksheet 7 - Activities With Losses Reported on Two or More Forms or Schedules (See instructions.)

Name of Activity:	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or schedule and line number to be reported on (see instructions):					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
OVERALL					
Total		3,508.	1.0000000	3,508.	

SEE ATTACHED STATEMENT FOR WORKSHEET 7

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 1

T S EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T LEE COUNTY BD OF COMMISSIONERS	74,686.	8,024.			5,127.	1,199.
S SHELL POINT RETIREMENT COMM	26,950.	3,297.			1,671.	391.
TOTALS	101,636.	11,321.			6,798.	1,590.

FORM 1040 QUALIFIED DIVIDENDS STATEMENT 2

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
CHARLES SCHWAB & CO#GS 4866-6302	1,120.	1,115.
TOTAL INCLUDED IN FORM 1040, LINE 9B		1,115.

FORM 8582 OTHER PASSIVE ACTIVITIES - WORKSHEET 3 STATEMENT 3

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
JUSTICE INVESTORS	0.	<1,943.>	<1,771.>		<3,714.>
TOTALS	0.	<1,943.>	<1,771.>		<3,714.>

FORM 8582 ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5 STATEMENT 4

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
JUSTICE INVESTORS	SCH E	3,714.	1.000000000	3,714.
TOTALS		3,714.	1.000000000	3,714.

FORM 8582

ACTIVITIES WITH LOSSES REPORTED ON 2 OR
MORE DIFFERENT FORMS OR SCHEDULES - WORKSHEET 7

STATEMENT 5

GROUP NO.	NAME	FORM OR SCHEDULE NET LOSS	FORM OR SCHEDULE NET GAIN	OVERALL LOSS	RATIO	UNALLOWED LOSS	ALLOWED LOSS
1	JUSTICE INVESTORS	45.		45.	.012116317	45.	
1	JUSTICE INVESTORS	3,669.		3,669.	.987883683	3,669.	
				3,714.	1.000000000	3,714.	

FORM 8582

SUMMARY OF PASSIVE ACTIVITIES

STATEMENT 6

R R E A	NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
	JUSTICE INVESTORS	FORM 4797	<45.>		<45.>	45.	
	JUSTICE INVESTORS	SCH E	<1,898.>	<1,771.>	<3,669.>	3,669.	
	TOTALS		<1,943.>	<1,771.>	<3,714.>	3,714.	

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582, LINE 16

FORM 8582

ALTERNATIVE MINIMUM TAX
OTHER PASSIVE ACTIVITIES - WORKSHEET 3

STATEMENT 7

NAME OF ACTIVITY	CURRENT YEAR		PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS	
	NET INCOME	NET LOSS		GAIN	LOSS
JUSTICE INVESTORS	0.	<1,737.>	<1,771.>		<3,508.>
TOTALS	0.	<1,737.>	<1,771.>		<3,508.>

FORM 8582

ALTERNATIVE MINIMUM TAX
ALLOCATION OF UNALLOWED LOSSES - WORKSHEET 5

STATEMENT 8

NAME OF ACTIVITY	FORM OR SCHEDULE	LOSS	RATIO	UNALLOWED LOSS
JUSTICE INVESTORS	SCH E	3,508.	1.000000000	3,508.
TOTALS		3,508.	1.000000000	3,508.

FORM 8582

ALTERNATIVE MINIMUM TAX
ACTIVITIES WITH LOSSES REPORTED ON 2 OR
MORE DIFFERENT FORMS OR SCHEDULES - WORKSHEET 7

STATEMENT 9

GROUP NO.	NAME	FORM OR SCHEDULE NET LOSS	FORM OR SCHEDULE NET GAIN	OVERALL LOSS	RATIO	UNALLOWED LOSS	ALLOWED LOSS
1	JUSTICE INVESTORS	45.		45.	.012827822	45.	
1	JUSTICE INVESTORS	3,463.		3,463.	.987172178	3,463.	
				3,508.	1.000000000	3,508.	

FORM 8582AMT

SUMMARY OF PASSIVE ACTIVITIES - AMT

STATEMENT 10

R R E A	NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
	JUSTICE INVESTORS	FORM 4797	<45.>		<45.>	45.	
	JUSTICE INVESTORS	SCH E	<1,692.>	<1,771.>	<3,463.>	3,463.	
	TOTALS		<1,737.>	<1,771.>	<3,508.>	3,508.	

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL TO FORM 8582AMT, LINE 16

Voucher at bottom of page.

Payment Voucher 1 - File and Pay by April 16, 2007. If amount of payment is zero, do not mail this form.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

WHERE TO FILE: Make check or money order payable to "Franchise Tax Board." Write the taxpayer's social security number or ITIN and "Form 540-ES 2007" on it. Detach the voucher below. Enclose, but do not staple, payment with the voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0031**

Note: Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

DETACH HERE

IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM

DETACH HERE

TAXABLE YEAR

2007

Estimated Tax for Individuals

File and Pay by April 16, 2007

CALIFORNIA FORM

540-ES

JUDA **
HENRY R JUDAH
KRISTEN L JUDAH

12664 COCONUT CREEK CT
FORT MYERS FL 33908-3050

APE 0

Amount of payment 10.

TAXPAYER'S
COPY

Voucher at bottom of page.

Payment Voucher 2 - File and Pay by June 15, 2007. If amount of payment is zero, do not mail this form.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

WHERE TO FILE: Make check or money order payable to "Franchise Tax Board." Write the taxpayer's social security number or ITIN and "Form 540-ES 2007" on it. Detach the voucher below. Enclose, but do **not** staple, payment with the voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0031**

Note: Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

DETACH HERE IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM DETACH HERE

File and Pay by June 15, 2007

TAXABLE YEAR

CALIFORNIA FORM

2007

Estimated Tax for Individuals

540-ES

JUDA **
HENRY R JUDAH
KRISTEN L JUDAH

07

APE

0

12664 COCONUT CREEK CT
FORT MYERS FL 33908-3050

Amount of payment

10.

Voucher at bottom of page.

Payment Voucher 3 - File and Pay by Sept. 17, 2007. If amount of payment is zero, do not mail this form.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

WHERE TO FILE: Make check or money order payable to "Franchise Tax Board." Write the taxpayer's social security number or ITIN and "Form 540-ES 2007" on it. Detach the voucher below. Enclose, but do not staple, payment with the voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0031**

Note: Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

DETACH HERE

IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM

DETACH HERE

File and Pay by September 17, 2007

TAXABLE YEAR

CALIFORNIA FORM

2007

Estimated Tax for Individuals

540-ES

JUDA **
HENRY R JUDAH
KRISTEN L JUDAH

07

APE

0

12664 COCONUT CREEK CT
FORT MYERS FL 33908-3050

Amount of payment

10.

Voucher at bottom of page.

Payment Voucher 4 - File and Pay by Jan. 15, 2008. If amount of payment is zero, do not mail this form.

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

WHERE TO FILE: Make check or money order payable to "Franchise Tax Board." Write the taxpayer's social security number or ITIN and "Form 540-ES 2007" on it. Detach the voucher below. Enclose, but do not staple, payment with the voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942867
SACRAMENTO CA 94267-0031**

Note: Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

DETACH HERE

IF NO PAYMENT IS DUE, DO NOT MAIL THIS FORM

DETACH HERE

File and Pay by January 15, 2008

TAXABLE YEAR

CALIFORNIA FORM

2007

Estimated Tax for Individuals

540-ES

JUDA **
HENRY R JUDAH
KRISTEN L JUDAH

07

APE

0

12664 COCONUT CREEK CT
FORT MYERS FL 33908-3050

Amount of payment

10.

California Nonresident or Part-Year
Resident Income Tax Return 2006

Long Form

FORM

540NR C1 Side 1

Fiscal year filers only: Enter month of year end: month _____ year 2007.

JUDA **
HENRY R JUDAH
KRISTEN L JUDAH
12664 COCONUT CREEK CT
FORT MYERS FL 33908-3050

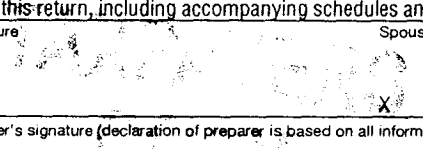
06

P
AC
A
R
RP

Filing Status	1	<input type="checkbox"/> Single	4	<input type="checkbox"/> Head of household (with qualifying person). (See page 3)
	2	<input checked="" type="checkbox"/> Married filing jointly (see page 3)	5	<input type="checkbox"/> Qualifying widow(er) with dependent child. Enter year spouse died _____
	3	<input type="checkbox"/> Married filing separately. Enter spouse's SSN or ITIN above and full name here _____		
6 If someone can claim you (or your spouse) as a dependent, check the box (see page 15) _____ • 6 <input type="checkbox"/>				
▶ For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.				
Exemptions	7	Personal: If you checked 1, 3, or 4 above, enter 1 in the box. If you checked 2 or 5, enter 2. If you checked the box on line 6 do not enter an amount on line 7	7	<input type="checkbox"/> 2 X \$91 = \$ 182
	8	Blind: If you (or your spouse) are visually impaired, enter 1; if both, enter 2	8	<input type="checkbox"/> X \$91 = \$
	9	Senior: If you (or your spouse) are 65 or older, enter 1; if both, enter 2	9	<input type="checkbox"/> X \$91 = \$
	10	Dependents: Enter name and relationship. Do not include yourself or your spouse. <u>SON</u> <u>KALLEN LEE JUDAH</u>	10	<input type="checkbox"/> 1 X \$285 = \$ 285
	11	Exemption amount: Add line 7 through line 10	11	\$ 467
Total Taxable Income	12	Total California wages from all your Form(s) W-2, box 16 or CA Sch W-2 CG, line C	12	
	13	Enter federal AGI from Forms 1040, line 37; Form 1040A, line 21; Form 1040EZ, line 4; Form 1040NR, line 35; or Form 1040NR-EZ, line 10	13	110,138.
	14	California adjustments - subtractions. Enter the amount from Schedule CA (540NR), line 37, column B	14	1,270.
	15	Subtract line 14 from line 13. If less than zero, enter the result in parentheses (see page 16)	15	108,868.
	16	California adjustments - additions. Enter the amount from Schedule CA (540NR), line 37, column C	16	
	17	Adjusted gross income from all sources. Combine line 15 and line 16	17	108,868.
	18	Enter the larger of: Your California itemized deductions from Schedule CA (540NR), line 43; OR Your California standard deduction (see page 16)	18	6,820.
	19	Subtract line 18 from line 17. This is your total taxable income. If less than zero, enter -0-	19	102,048.
CA Taxable Income	20	Tax. Check the box if from: <input type="checkbox"/> Tax Table <input checked="" type="checkbox"/> Tax Rate Schedule <input type="checkbox"/> FTB 3800 or <input type="checkbox"/> FTB 3803	20	5,233.
	21	CA adjusted gross income from Schedule CA (540NR), Part IV, line 45	21	17.
	22	CA Taxable Income from Schedule CA (540NR), Part IV, line 49	22	16.
	23	CA Tax Rate. Divide line 20 by line 19	23	.0513
	24	CA Tax Before Exemption Credits. Multiply line 22 by line 23	24	1.
	25a	CA Exemption Credit Percentage. Divide line 22 by line 19. If more than 1, enter 1.0000	25a	.0002
	25b	CA Prorated Exemption Credits. Multiply line 11 by line 25a. If the amount on line 13 is more than \$150,743 (see page 17)	25b	0.
	25c	CA Regular Tax Before Credits. Subtract line 25b from line 24. If less than zero, enter -0-	25c	1.
Special Credits	26	Tax. (see page 17) Check the box if from: <input type="checkbox"/> Schedule G-1 <input type="checkbox"/> Form FTB 5870A	26	
	27	Add line 25c and line 26	27	1.
	28	Credit for joint custody head of household (see page 18)	28	
	29	Credit for dependent parent (see page 18)	29	
	30	Credit for senior head of household (see page 19)	30	
	31	Credit percentage and credit amount. Credit percentage 31a _____	31	
	32	Enter credit name _____ code no _____ and amount _____	32	
	33	Enter credit name _____ code no _____ and amount _____	33	
	34	To claim more than two credits (see page 19)	34	
	35	Nonrefundable renter's credit (see page 37)	35	
36	Add line 31 through line 35. These are your total credits	36		
37	Subtract line 36 from line 27. If less than zero, enter -0-	37	1.	

Your name: **HENRY R JUDAH**Your SSN or ITIN: XXXXXXXXXX

639042/12-21-06

Other Taxes	38	Amount from Side 1, line 37	38	1.
	39	Alternative minimum tax. Attach Schedule P (540NR)	• 39	
	40	Mental Health Services Tax (see page 20)	• 40	
	41	Other taxes and credit recapture (see page 20)	• 41	
	42	Add line 38 through line 41. This is your total tax	• 42	1.
Payments	43	California income tax withheld (see page 20)	■ 43	
	44	Nonresident withholding (Form(s) 592-B, 593-B, or 594) (see page 20)	■ 44	
	45	2006 CA estimated tax and other payments (see page 20)	■ 45	
	46	Excess SDI. To see if you qualify (see page 21)	■ 46	
	Child and Dependent Care Expenses Credit. (see page 21). Attach form FTB 3506.			
	• 47	• 48		
	■ 49	■ 50		
	51	Add line 43, line 44, line 45, line 46, and line 50. These are your total payments	51	0.
Overpaid Tax/Tax Due	52	Overpaid tax. If line 51 is more than line 42, subtract line 42 from line 51	52	
	53	Amount of line 52 you want applied to your 2007 estimated tax	■ 53	
	54	Overpaid tax available this year. Subtract line 53 from line 52	■ 54	
	55	Tax due. If line 51 is less than line 42, subtract line 51 from line 42	55	1.
Contributions	CA Seniors Special Fund (see page 36)	• 56 .00	Emergency Food Assistance Program Fund	• 63 .00
	Alzheimer's Disease/Related Disorders Fund	• 57 .00	CA Peace Officer Memorial Foundation Fund	• 64 .00
	CA Fund for Senior Citizens	• 58 .00	CA Military Family Relief Fund	• 65 .00
	Rare and Endangered Species Preservation Program	• 59 .00	Veterans' Quality of Life Fund	• 66 .00
	State Children's Trust Fund for the Prevention of Child Abuse	• 60 .00	CA Sexual Violence Victim Services Fund	• 67 .00
	CA Breast Cancer Research Fund	• 61 .00	CA Colorectal Cancer Prevention Fund	• 68 .00
	CA Firefighters' Memorial Fund	• 62 .00	CA Sea Otter Fund	• 69 .00
	70	Add line 56 through line 69. These are your total contributions	• 70	.00
Amount You Owe	71	AMOUNT YOU OWE. Add line 55 and line 70 (see page 21). Mail to: FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001		■ 71 1.
Interest and Penalties	72	Interest, late return penalties, and late payment penalties		72
	73	Underpayment of estimated tax. Check the box: <input type="checkbox"/> FTB 5805 attached <input type="checkbox"/> FTB 5805F attached		■ 73
	74	Total amount due (see page 23). Enclose, but do not staple, any payment		74 1.
Refund and Direct Deposit	75	REFUND OR NO AMOUNT DUE. Subtract line 70 from line 54. Mail to: FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002		■ 75
	Complete this section to have your refund directly deposited to one or two separate accounts. Do not attach a voided check or a deposit slip (see page 24)			
	All or portion of total refund (line 75) you want direct deposit:			
	<input type="checkbox"/> Checking			
	<input type="checkbox"/> Savings			
	• Routing number	• Type	• Account number	■ 76 Amount you want to direct deposit
	Remaining portion of total refund (line 75) you want to direct deposit:			
	<input type="checkbox"/> Checking			
	<input type="checkbox"/> Savings			
	• Routing number	• Type	• Account number	■ 77 Amount you want to direct deposit
Sign Here	IMPORTANT: See the instructions to find out if you should attach a copy of your complete federal return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.			
	Your signature: 		Spouse's signature (if filing jointly, both must sign)	
	X		X	
	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)		Date	
	Firm's name (or yours if self-employed)		Firm's address	
	GILBERT, WALLACE, STEWART, PO BOX 308, FORT MYERS, FL 33902-0308		Paid Preparer's SSN/PTIN P00045558 FEIN 59-2745432	

2006

California Adjustments - Nonresidents or Part-Year Residents

CA (540NR)

Important: Attach this schedule directly behind Long Form 540NR, Side 2.

Name(s) as shown on return

SSN or ITIN

HENRY R & KRISTEN L JUDAH

Part I Residency Information. Complete all lines that apply to you and your spouse.

	Yourself	Spouse
During 2006:		
1 a I was domiciled in (enter state or country)	N/A	N/A
b I was in the military and stationed in (enter state or country)	N/A	N/A
2 I became a California resident (enter the state of prior residence and date of move)	N/A	N/A
3 I became a nonresident (enter new state of residence and date of move)	N/A	N/A
4 I was a nonresident of California the entire year (enter state or country of residence)	FL	FL
5 The number of days I spent in California (for any purpose) is:	N/A	N/A
6 I owned a home/property in California (enter "Yes" or "No")	NO	NO
Before 2006:		
7 I was a California resident for the period of (enter dates)	N/A	N/A
8 I entered California on (enter date)	N/A	N/A
9 I left California on (enter date)	N/A	N/A

Part II Income Adjustment Schedule

	A	B	C	D	E
Section A - Income	Federal Amounts (taxable amounts from your federal return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract column B from column A; add column C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
7 Wages, salaries, tips, etc. See instructions before making an entry in column B or C ... 7	101,636.			101,636.	
8 Taxable interest income ... 8	28.			28.	17.
9 (a) Ordinary dividends					
(b) 1,115. 9(a)	1,120.			1,120.	
10 Taxable refunds, credits, or offsets of state and local income taxes. Enter the same amount in column A and column B ... 10					
11 Alimony received ... 11					
12 Business income or (loss) ... 12					
13 Capital gain or (loss) ... 13	7,354.			7,354.	
14 Other gains or (losses) ... 14		34.		<34.>	
15 Total IRA distributions					
(a) 15(b)					
16 Total pensions & annuities					
(a) 16(b)					
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. ... 17		1,236.		<1,236.>	
18 Farm income or (loss) ... 18					
19 Unemployment compensation ... 19					
20 Social security benefits					
(a) 20(b)					
21 Other income.					
a California lottery winnings					
b Disaster loss carryover from FTB 3805V					
c Federal NOL (Form 1040, line 21)					
d NOL carryover from FTB 3805V 21				21	21
e NOL from FTB 3805D, FTB 3805Z, FTB 3806, FTB 3807, or FTB 3809					
f Other (describe) _____					
22 a Total: Combine line 7 through line 21 in each column. Continue to Side 2 22a	110,138.	1,270.		108,868.	17.

Income Adjustment Schedule

639022
01-02-07

	A	B	C	D	E
Section B - Adjustments to Income	Federal Amounts (taxable amounts from your federal return)	Subtractions See instructions (difference between CA & federal law)	Additions See instructions (difference between CA & federal law)	Total Amounts Using CA Law As If You Were a CA Resident (subtract column B from column A; add column C to the result)	CA Amounts (income earned or received as a CA resident and income earned or received from CA sources as a nonresident)
22b Enter totals from Schedule CA (540NR), Side 1, line 22a, column A through column E	22b 110,138.	1,270.		108,868.	17.
23 Archer MSA deduction	23				
24 Certain business expenses of reservists, performing artists, and fee-basis government officials	24				
25 Health savings account deduction	25				
26 Moving expenses	26				
27 One-half of self-employment tax	27				
28 Self-employed SEP, SIMPLE, and qualified plans	28				
29 Self-employed health insurance deduction	29				
30 Penalty on early withdrawal of savings	30				
31a Alimony paid. b Enter recipient's: SSN Last name	31a				
32 IRA deduction	32				
33 Student loan interest deduction	33				
34 Jury duty pay you gave to your employer	34				
35 Domestic production activities deduction	35				
36 Add line 23 through line 35 in each column, A through E	36				
37 Total. Subtract line 36 from line 22b in each column, A through E	37 110,138.	1,270.		108,868.	17.

Part III Adjustments to Federal Itemized Deductions

38 Federal itemized deductions. Add the amounts on federal Schedule A (Form 1040), lines 4, 9, 14, 18, 19, 26, and 27 (or Schedule A (Form 1040NR), lines 3, 7, 8, 15, and 16)	38	1,089.
39 Enter total of federal Schedule A (Form 1040), line 5 (State Disability Insurance, Voluntary Plan Disability Insurance and state and local income tax or General Sales Tax) and line 8 (foreign taxes only). See instructions	39	1,089.
40 Subtract line 39 from line 38	40	
41 Other adjustments including California lottery losses. See instructions. Specify	41	
42 Combine line 40 and line 41	42	
43 Is your federal AGI (Long Form 540NR, line 13) more than the amount shown below for your filing status? Single or married filing separately \$150,743 Head of household \$226,119 Married filing jointly or qualifying widow(er) \$301,491 No. Transfer the amount on line 42 to line 43. Yes. Complete the Itemized Deductions Worksheet in the instructions for Schedule CA (540NR), line 43	43	
44 Enter the larger of the amount on line 43 or your standard deduction listed below Single or married filing separately \$3,410 Married filing jointly, head of household, or qualifying widow(er) \$6,820	44	6,820.

Part IV California Taxable Income

45 California AGI. Enter your California AGI from line 37, column E	45	17.
46 Enter your deductions from line 44	46	6,820.
47 Deduction percentage. Divide line 37, column E by line 37, column D. Carry the decimal to four places. If the result is greater than 1.0000, enter 1.0000. If less than zero, enter -0-	47	.0002
48 California Itemized/Standard Deductions. Multiply line 46 by the percentage on line 47	48	1.
49 California Taxable Income. Subtract line 48 from line 45. Transfer this amount to Long Form 540NR, line 22. If less than zero, enter -0-	49	16.

YEAR

Sales of Business Property

CALIFORNIA SCHEDULE

2006

(Also, involuntary conversions and recapture amounts under IRC Sections 179 and 280F and R&TC Sections 17267.2, 17267.6, 17268, 24356.5, 24356.6, 24356.7, and 24356.8.)

D-1**Complete and attach this schedule to your tax return only if your California gains or losses are different from your federal gains or losses.**

Name(s) as shown on return

SSN, ITIN, SOS no. or California Corp. no.

HENRY R & KRISTEN L JUDAH

FEIN

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty and Theft - Property Held More Than 1 Year**Note:** Use federal Form 4684, Casualties and Thefts, to report involuntary conversions from casualty and theft.

- 1 Enter the gross proceeds from sales or exchanges reported to you for 2006 on federal Form(s) 1099-S, Proceeds From Real Estate Transactions (or a substitute statement), that you will be including on line 2 or line 10, (column (d)), or on line 23

1

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (Loss) Subtract (f) from the sum of (d) and (e)
	JUSTICE INVESTORS						<34.>

- 3 Gain, if any, from federal Form 4684, Section B, Part II, line 42
- 4 IRC Section 1231 gain from installment sales from form FTB 3805E, line 26 or line 37
- 5 IRC Section 1231 gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)
- 6 Gain, if any, from Part III, line 35, from other than casualty and theft
- 7 Combine line 2 through line 6. Enter gain or (loss) here and on the appropriate line as follows:
- IRC Section 179 Assets:** For reporting the sale or disposition of assets for which an IRC Section 179 expense deduction was claimed in a prior year, see instructions. **Partnerships or Limited Liability Companies (classified as partnerships):** Enter the gain or (loss) on Schedule K (565 or 568), line 6. Skip lines 8, 9, 11, and 12 below. **S corporations:** If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain, continue to line 8. **All others:** If line 7 is zero or a loss, enter the amount on line 11 below and skip line 8 and line 9. If line 7 is a gain and you did not have any prior year IRC Section 1231 losses, or they were recaptured in an earlier year, enter the gain as follows: **Form 540 and Long Form 540NR filers,** enter the gain on Schedule D, (540 or 540NR) line 1, and skip lines 8, 9, and 12 below; **Form 100 and Form 100W filers,** enter the gain on Schedule D, Side 5, Part II, line 6, and skip lines 8, 9, and 12 below.
- 8 Nonrecaptured net IRC Section 1231 losses from prior years. Enter as a positive number. See instructions
- 9 Subtract line 8 from line 7. If zero or less, enter -0-
- S corporations:** If line 9 is more than zero, enter this amount on Schedule D (100S), Side 2, Section B, Part II, line 5 and enter the amount, if any, from line 8 on line 12 below. If line 9 is zero, enter the amount from line 7 on line 12 below. **All others:** If line 9 is more than zero, enter the amount from line 8 on line 12 below, and enter the amount from line 9 as follows: **Form 540 and Long Form 540NR filers,** enter as a capital gain on Schedule D, (540 or 540NR) line 1; **Form 100 and Form 100W filers,** enter the gain on Schedule D, Side 5, Part II, line 6. If line 9 is zero, enter the amount from line 7 on line 12 below. See instructions.

3

4

5

6

7 **<34.>**

8

9

Part II Section A - Ordinary Gains and Losses

- 10 Ordinary gains and losses not included on line 11 through line 17 (include property held 1 year or less):

11	Loss, if any, from line 7	11	(34.)
12	Gain, if any, from line 7, or amount from line 8, if applicable. See instructions	12	
13	Gain, if any, from Part III, line 34	13	
14	Net gain or (loss) from federal Form 4684, Section B, Part II, line 34 and line 41a (completed using California amounts)	14	
15	Ordinary gain from installment sales from form FTB 3805E, line 25 or line 36. See instructions	15	
16	Ordinary gain or (loss) from like-kind exchanges from federal Form 8824 (completed using California amounts)	16	
17	Combine line 10 through line 16	17	<34.>
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip line a and line b below. For individual returns, complete line a and line b below: see instructions.		
a	If the loss on line 11 includes a loss from federal Form 4684, Section B, Part II, column (b)(ii), enter that part of the loss here. See instructions	18a	
b	Redetermine the gain or (loss) on line 17, excluding the loss, if any, on line 18a. Enter here and on line 20	18b	<34.>

ALL SOURCES

639242 10-19-06

Part II Section B - Adjusting California Ordinary Gain or Loss For individual returns (Form 540 and Long Form 540NR) only.

19	Enter ordinary federal gains and losses from federal Form 1040, line 14	19	
20	Enter ordinary California gains and losses from Side 1, line 18b	20	<34.>
21	Ordinary gain or loss adjustment: Compare line 19 and line 20. See instructions.		
a	If line 19 is more than line 20, enter the difference here and on Schedule CA (540 or 540NR), line 14, column B	21a	34.
b	If line 20 is more than line 19, enter the difference here and on Schedule CA (540 or 540NR), line 14, column C	21b	

Part III Gain from Disposition of Property Under IRC Sections 1245, 1250, 1252, 1254, and 1255

22	Description of IRC Sections, 1245, 1250, 1252, 1254, and 1255 property:	Date acquired (mo., day, yr.)	Date sold (mo., day, yr.)
A			
B			
C			
D			
	Relate lines 22A through 22D to these columns	Property A	Property B
		Property C	Property D
23	Gross sales price	23	
24	Cost or other basis plus expense of sale	24	
25	Depreciation (or depletion) allowed or allowable	25	
26	Adjusted basis. Subtract line 25 from line 24	26	
27	Total gain. Subtract line 26 from line 23	27	
28	If IRC Section 1245 property:		
a	Depreciation allowed or allowable	28a	
b	Enter the smaller of line 27 or line 28a	28b	
29	If IRC Section 1250 property: If straight-line depreciation was used, enter -0- on line 29g, except for a corporation subject to IRC Sec. 291:		
a	Additional depreciation after 12/31/76	29a	
b	Applicable percentage multiplied by the smaller of line 27 or line 29a	29b	
c	Subtract line 29a from line 27. If line 27 is not more than line 29a, skip line 29d and line 29e	29c	
d	Additional depreciation after 12/31/70 and before 1/1/77	29d	
e	Enter the smaller of line 29c or line 29d	29e	
f	IRC Section 291 amount (for corporations only)	29f	
g	Add line 29b, line 29e, and line 29f	29g	
30	If IRC Section 1252 property: Skip this section if you did not dispose of farm land or if this form is being completed for a partnership.		
a	Soil, water, and land clearing expenses	30a	
b	Applicable percentage multiplied by line 30a	30b	
c	Enter the smaller of line 27 or line 30b	30c	
31	If IRC Section 1254 property:		
a	Intangible drilling and development costs deducted after 12/31/76	31a	
b	Enter the smaller of line 27 or line 31a	31b	
32	If IRC Section 1255 property:		
a	Applicable percentage of payments excluded from income under IRC Section 126	32a	
b	Enter the smaller of line 27 or line 32a	32b	

Summary of Part III Gains. Complete property column A through column D for line 23 through line 32b before going to line 33.

33	Total gains for all properties. Add column A through column D of line 27	33	
34	Add column A through column D of lines 28b, 29g, 30c, 31b, and 32b. Enter here and in Part II, line 13	34	
35	Subtract line 34 from line 33. Enter the portion from other than casualty and theft here and on Part I, line 6. Enter the portion from casualty and theft on federal Form 4684, Section B, line 36	35	

Part IV Recapture Amounts Under IRC Sections 179 and 280F When Business Use Drops to 50% or Less, or Under R&TC Sections 17267.2, 17267.6, 17268, 24356.5, 24356.6, 24356.7, and 24356.8 for Property Which Ceases to be Qualified Property

	(a) Expense deductions	(b) Recovery deductions
36	Expense deductions or recovery deductions. See instructions	36
37	Depreciation or recovery deductions. See instructions	37
38	Recapture amount. Subtract line 37 from line 36. See instructions	38

YEAR
2006**Passive Activity Loss Limitations**

CALIFORNIA FORM

3801

Attach to Form 540, Long Form 540NR, Form 541, or Form 100S (S Corporations).

Name(s) as shown on return

HENRY R & KRISTEN L JUDAH

SSN, ITIN, FEIN, SOS no. or California Corp. no.

Part I 2006 Passive Activity Loss

Caution: See the instructions for Worksheet 1 and Worksheet 3 for federal Form 8582 before completing Part I. Be sure to use California amounts.

Rental Real Estate Activities with Active Participation

1a	Activities with net income from Worksheet 1, column (a)	1a	
1b	Activities with net loss from Worksheet 1, column (b)	1b	
1c	Prior year unallowed losses from Worksheet 1, column (c)	1c	
1d	Combine line 1a, line 1b, and line 1c	1d	

All Other Passive Activities

2a	Activities with net income from Worksheet 2, column (a)	2a	
2b	Activities with net loss from Worksheet 2, column (b)	2b	<579.>
2c	Prior year unallowed losses from Worksheet 2, column (c)	2c	<1,771.>
2d	Combine line 2a, line 2b, and line 2c	2d	<2,350.>
3	Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10.	3	<2,350.>

Part II Special Allowance for Rental Real Estate with Active Participation

Note: Enter all numbers in Part II as positive amounts.

4	Enter the smaller of the loss on line 1d or the loss on line 3	4	
5	Enter \$150,000. If married filing a separate return, see instructions	5	
6	Enter federal modified adjusted gross income, but not less than zero. Note: If line 6 is equal to or more than line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7	6	
7	Subtract line 6 from line 5	7	
8	Multiply line 7 by 50% (.50). Do not enter more than \$25,000	8	
9	Enter the smaller of line 4 or line 8	9	

Part III Total Losses Allowed

10	Add the income, if any, from line 1a and line 2a and enter the total	10	
11	Total losses allowed from all passive activities for 2006. Add line 9 and line 10. See the instructions on Side 2 to find out how to report the losses on your tax return	11	0.

California Worksheets

Attach side 2 to your California tax return.

639512/11-06-06

California Passive Activity Worksheet (See General Instructions for Step 1.)

Use this worksheet to figure California income (loss) from passive activities before application of passive activity loss (PAL) rules.

(a) Passive Activity Enter a description of the activity	(b) Federal Sch. Enter the name of the federal form or schedule on which you reported the activity	(c) California Sch. Enter the name of the California form or schedule, if any, used to calculate the California adjustment	(d) Federal Amount Enter your current year federal net income (loss) before application of the PAL rules	(e) California Adjustment Enter any adjustment resulting from differences in federal and California law	(f) California Amount Combine column (d) and column (e)
JUSTICE INVESTORS	FORM 4797		<45.>	0.	<45.>
JUSTICE INVESTORS	SCH E		<1,898.>	1,364.	<534.>

California Adjustment Worksheets (See General Instructions for Step 4.)

Use these worksheet to figure your California adjustments after application of the PAL rules.

(a) Activities Enter a description of the activity. Group activities by the federal schedules on which they were reported	(b) Passive or Nonpassive Enter the passive or nonpassive character of the activity for California purposes	(c) California Amount Enter the California net income (loss) from the activity after application of the PAL rules	(d) Federal Amount Enter the federal net income (loss) from the activity after application of the PAL rules	(e) California Adjustment Subtract the Total amount of column (d) from the Total amount of column (c) and enter the difference in column (e) below. Individuals should transfer this amount to Schedule CA (540 or 540NR) as follows:
---	---	---	---	---

(a) Schedule C Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is positive , transfer the amount to Schedule CA (540 or 540NR), line 12, column C.
				If the amount below is negative , transfer the amount to Schedule CA (540 or 540NR), (as a positive amount) line 12, column B.
Total		1(c)	1(d)*	1(e)

(a) Schedule E Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
JUSTICE INVESTORS	PASSIVE	<1,236.>	0.	If the amount below is positive , transfer the amount to Schedule CA (540 or 540NR), line 17, column C.
GRETA E. JUDAH TRUST				
FBO RAY JUDAH	PASSIVE	0.	0.	If the amount below is negative , transfer the amount to Schedule CA (540 or 540NR), (as a positive amount) line 17, column B.
Total		2(c) <1,236.>	2(d)** 0.	2(e) <1,236.>

(a) Schedule F Activities	(b) Passive or Nonpassive	(c) California Amount	(d) Federal Amount	(e) California Adjustment
				If the amount below is positive , transfer the amount to Schedule CA (540 or 540NR), line 18, column C.
				If the amount below is negative , transfer the amount to Schedule CA (540 or 540NR), (as a positive amount) line 18, column B.
Total		3(c)	3(d)***	3(e)

* This amount should be the same as the amount reported on Schedule CA (540 or 540NR), line 12, column A.

** This amount should be the same as the amount reported on Schedule CA (540 or 540NR), line 17, column A.

*** This amount should be the same as the amount reported on Schedule CA (540 or 540NR), line 18, column A.

Caution: Worksheets 1 through 6 are not required to be filed with your California tax return and may be detached before filing form FTB 3801. Keep a copy of the worksheets for your records. Refer to the instructions for federal Form 8582 for specific instructions on how to complete the worksheets.

Worksheet 1 For form FTB 3801, line 1a, line 1b, and line 1c

Name of activity	Current year		Prior year	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on form FTB 3801, line 1a, line 1b, and line 1c ...					

Worksheet 2 For form FTB 3801, line 2a, line 2b, and line 2c

Name of activity	Current year		Prior year	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
JUSTICE INVEST	0.	<579.>	<1,771.>		<2,350.>
Total. Enter on form FTB 3801, line 2a, line 2b, and line 2c ...	0.	<579.>	<1,771.>		

Worksheet 3 For this worksheet if an amount is shown on form FTB 3801, line 9

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total			1.00		

Worksheet 4 Allocation of Unallowed Losses

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Ratio	(c) Unallowed loss
JUSTICE INVESTORS	SCH E	2,350.	1.00000000	2,350.
Total		2,350.	1.00	2,350.

Worksheet 5 Allowed Losses

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total				

Worksheet 6 Activities With Losses Reported on Two or More Different Forms or Schedules

639514/11-07-06

Name of activity	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
JUSTICE INVESTORS					
Form or Schedule to be reported on: FORM 4797					
1a Net loss plus prior year unallowed loss from form or schedule ... ▶	45.				
b Net income from form or schedule ... ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ... ▶		45..01914894		45.	
Form or Schedule to be reported on: SCH E					
1a Net loss plus prior year unallowed loss from form or schedule ... ▶	2,305.				
b Net income from form or schedule ... ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ... ▶		2,305..98085106		2,305.	
Form or Schedule to be reported on:					
1a Net loss plus prior year unallowed loss from form or schedule ... ▶					
b Net income from form or schedule ... ▶					
c Subtract line 1b from line 1a. If zero or less, enter -0- ... ▶					
Total ... ▶		2,350.	1.00	2,350.	0.

Caution: Worksheets 1 through 6 are not required to be filed with your California tax return and may be detached before filing form FTB 3801. Keep a copy of the worksheets for your records.

YEAR

2006**Passive Activity Loss Limitations**

CALIFORNIA FORM

3801

Attach to Form 540, Long Form 540NR, Form 541, or Form 100S (S Corporations).

Name(s) as shown on return

HENRY R & KRISTEN L JUDAH

SSN, ITIN, FEIN, SOS no. or California Corp. no.

Part I 2006 Passive Activity Loss

Caution: See the instructions for Worksheet 1 and Worksheet 3 for federal Form 8582 before completing Part I. Be sure to use California amounts.

Rental Real Estate Activities with Active Participation

1a	Activities with net income from Worksheet 1, column (a)	1a	
1b	Activities with net loss from Worksheet 1, column (b)	1b	
1c	Prior year unallowed losses from Worksheet 1, column (c)	1c	
1d	Combine line 1a, line 1b, and line 1c	1d	

All Other Passive Activities

2a	Activities with net income from Worksheet 2, column (a)	2a	
2b	Activities with net loss from Worksheet 2, column (b)	2b	<2,413.>
2c	Prior year unallowed losses from Worksheet 2, column (c)	2c	<3,330.>
2d	Combine line 2a, line 2b, and line 2c	2d	<5,743.>
3	Combine line 1d and line 2d. If the result is net income or zero, see the instructions for line 3. If line 3 and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10.	3	<5,743.>

Part II Special Allowance for Rental Real Estate with Active Participation

Note: Enter all numbers in Part II as positive amounts.

4	Enter the smaller of the loss on line 1d or the loss on line 3	4	
5	Enter \$150,000. If married filing a separate return, see instructions	5	
6	Enter federal modified adjusted gross income, but not less than zero. Note: If line 6 is equal to or more than line 5, skip line 7 and line 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7	6	
7	Subtract line 6 from line 5	7	
8	Multiply line 7 by 50% (.50). Do not enter more than \$25,000	8	
9	Enter the smaller of line 4 or line 8	9	

Part III Total Losses Allowed

10	Add the income, if any, from line 1a and line 2a and enter the total	10	
11	Total losses allowed from all passive activities for 2006. Add line 9 and line 10. See the instructions on Side 2 to find out how to report the losses on your tax return	11	0.

Caution: Worksheets 1 through 6 are not required to be filed with your California tax return and may be detached before filing form FTB 3801. Keep a copy of the worksheets for your records. Refer to the instructions for federal Form 8582 for specific instructions on how to complete the worksheets.

639513/10-19-06

Worksheet 1 For form FTB 3801, line 1a, line 1b, and line 1c

Name of activity	Current year		Prior year	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
Total. Enter on form FTB 3801, line 1a, line 1b, and line 1c ...					

Worksheet 2 For form FTB 3801, line 2a, line 2b, and line 2c

Name of activity	Current year		Prior year	Overall gain or loss	
	(a) Net income (line 2a)	(b) Net loss (line 2b)	(c) Unallowed loss (line 2c)	(d) Gain	(e) Loss
JUSTICE INVEST	0.	<658.>	<1,771.>		<2,429.>
JUSTICE INVEST	0.	<1,755.>	<1,559.>		<3,314.>
Total. Enter on form FTB 3801, line 2a, line 2b, and line 2c ...	0.	<2,413.>	<3,330.>		

Worksheet 3 For this worksheet if an amount is shown on form FTB 3801, line 9

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total			1.00		

Worksheet 4 Allocation of Unallowed Losses

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Ratio	(c) Unallowed loss
JUSTICE INVESTORS	SCH E	2,429.	.42294968	2,429.
JUSTICE INVESTORS	SCH E	3,314.	.57705032	3,314.
Total		5,743.	1.00	5,743.

Worksheet 5 Allowed Losses

Name of activity	Form or schedule to be reported on	(a) Loss	(b) Unallowed loss	(c) Allowed loss
Total				

Worksheet 6 Activities With Losses Reported on Two or More Different Forms or Schedules

639514/11-07-06

Name of activity	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
JUSTICE INVESTORS					
Form or Schedule to be reported on: SCH E					
1a Net loss plus prior year unallowed loss from form or schedule	2,305.				
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-		2,305.	.94895019	2,305.	
Form or Schedule to be reported on:					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Form or Schedule to be reported on:					
1a Net loss plus prior year unallowed loss from form or schedule					
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-					
Total		2,305.	1.00	2,305.	0.

Caution: Worksheets 1 through 6 are not required to be filed with your California tax return and may be detached before filing form FTB 3801. Keep a copy of the worksheets for your records.

Worksheet 6 Activities With Losses Reported on Two or More Different Forms or Schedules

639514/11-07-06

Name of activity	(a)	(b)	(c) Ratio	(d) Unallowed loss	(e) Allowed loss
JUSTICE INVESTORS					
Form or Schedule to be reported on: FORM 4797					
1a Net loss plus prior year unallowed loss from form or schedule	45.				
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-		45..01357876		45.	
Form or Schedule to be reported on: FORM 4797					
1a Net loss plus prior year unallowed loss from form or schedule	79.				
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-		79..02383826		79.	
Form or Schedule to be reported on: SCH E					
1a Net loss plus prior year unallowed loss from form or schedule	3,190.				
b Net income from form or schedule					
c Subtract line 1b from line 1a. If zero or less, enter -0-		3,190..96258298		3,190.	
Total			1.00		

Caution: Worksheets 1 through 6 are not required to be filed with your California tax return and may be detached before filing form FTB 3801. Keep a copy of the worksheets for your records.

JUSTICE INVESTORS

I.D. NUMBER: 94-6213901

TAXABLE INCOME (LOSS) SUMMARY:

PASSIVE LOSS ALLOWED	-1,236
NET INCOME (LOSS) FOR ENTITY	-1,236

ACTIVITY INFORMATION:

JUSTICE INVESTORS

ORDINARY INCOME (LOSS)	-1,631	
SECTION 754 DEPRECIATION	0	
SECTION 754 BASIS REDUCTION	0	
ORDINARY INCOME (LOSS)	-267	
SECTION 754 DEPRECIATION	0	
SECTION 754 BASIS REDUCTION	0	
SCHEDULE E ACTIVITY INCOME (LOSS)		-1,898
PAL CARRYOVER FROM 2005		-3,330
DISALLOWED LOSS FROM FORM 3801		4,610
TOTAL PASSIVE ACTIVITY GAIN (LOSS)		-618

JUSTICE INVESTORS

ORDINARY INCOME (LOSS)	-1,631	
SECTION 754 DEPRECIATION	0	
SECTION 754 BASIS REDUCTION	0	
ORDINARY INCOME (LOSS)	-267	
SECTION 754 DEPRECIATION	0	
SECTION 754 BASIS REDUCTION	0	
SCHEDULE E ACTIVITY INCOME (LOSS)		-1,898
PAL CARRYOVER FROM 2005		-3,330
DISALLOWED LOSS FROM FORM 3801		4,610
TOTAL PASSIVE ACTIVITY GAIN (LOSS)		-618

CA 3801	SUMMARY OF PASSIVE ACTIVITIES					STATEMENT	1
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R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
JUSTICE INVESTORS	FORM 4797	<45.>		<45.>	45.	
JUSTICE INVESTORS	SCH E	<534.>	<1,771.>	<2,305.>	2,305.	
TOTALS		<579.>	<1,771.>	<2,350.>	2,350.	

CA 3801	SUMMARY OF PASSIVE ACTIVITIES					STATEMENT	2
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R R E A NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
JUSTICE INVESTORS	FORM 4797	<45.>		<45.>	45.	
JUSTICE INVESTORS	SCH E	<534.>	<1,771.>	<2,305.>	2,305.	
JUSTICE INVESTORS	FORM 4797	<79.>		<79.>	79.	
JUSTICE INVESTORS	SCH E	<1,631.>	<1,559.>	<3,190.>	3,190.	
TOTALS		<2,289.>	<3,330.>	<5,619.>	5,619.	