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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No. 1545-1150

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**
 ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,
 and certain controlling organizations as defined in section 512(b)(13) must file
 Form 990 (see instructions) All other organizations with gross receipts less than \$200,000
 and total assets less than \$500,000 at the end of the year may use this form
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning , **2010**, and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Alafave, Inc.	D Employer identification number 65-1071286
	Number and street (or P O box, if mail is not delivered to street address) Room/suite 5805 Blue Lagoon Drive 290	E Telephone number (305) 266-6252
	City or town, state or country, and ZIP + 4 Miami FL 33126	F Group Exemption Number

G Accounting Method: Cash Accrual Other (specify) ▶ **H** Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ **N/A**

J Tax-exempt status (ck only one) — 501(c)(3) 501(c) (6) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **103,344.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

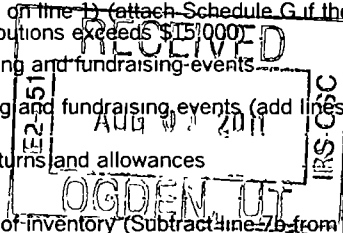
Check if the organization used Schedule O to respond to any question in this Part I

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	100,124.
	4 Investment income	4	3,220.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	103,344.	
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	43,008.
	13 Professional fees and other payments to independent contractors	13	4,400.
	14 Occupancy, rent, utilities, and maintenance	14	16,390.
	15 Printing, publications, postage, and shipping	15	5,249.
	16 Other expenses (describe in Schedule O) See Form 990-EZ, Part I, Line 16 Other Expenses	16	44,035.
	17 Total expenses. Add lines 10 through 16	17	113,082.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-9,738.	
NET ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	282,917.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	273,179.

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	279,717.	269,807.
23 Land and buildings	312.	484.
24 Other assets (describe in Schedule O) <u>See L-24 Stmt</u>	2,944.	2,944.
25 Total assets	282,973.	273,235.
26 Total liabilities (describe in Schedule O) <u>See L-26 Stmt</u>	56.	56.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	282,917.	273,179.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? See attachment A.

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

28 <u>See attachment B.</u>		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	0.
29 _____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 _____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	0.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>Luis Beuth</u> <u>Iluminata</u> <u>None, CO</u>	President 10.00	0.	0.	
<u>Amilcar Lusinchi</u> <u>Cera Artistica</u> <u>None, VE</u>	V.P. 10.00	0.	0.	
<u>Jesus Abedrop</u> <u>Parafinas y Mezclas SA De CV</u> <u>None, MX</u>	Treasurer 10.00	0.	0.	
<u>Cristian Celedon</u> <u>Fabrica de Velas S.A.</u> <u>None, CI</u>	Director 5.00	0.	0.	
<u>Samuel Fernandez</u> <u>Productos Parafinicos San Valentin</u> <u>None, MX</u>	Director 5.00	0.	0.	
<u>Gaston Motola</u> <u>Velas Lux</u> <u>None, MX</u>	Director 5.00	0.	0.	
<u>Armando Llanes</u> <u>Industrias Fatima</u> <u>None, NU</u>	Director 5.00	0.	0.	
<u>Rafael Garcia</u> <u>Veladoras Paraiso</u> <u>None, MX</u>	Director 5.00	0.	0.	
<u>Decio A. Polak</u> <u>Passamanaria Sao Vitor</u> <u>None, BR</u>	Director 5.00	0.	0.	
<u>See List of Officers, Directors, Trustees, & Key Employees Stmt</u>				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed ▶ _____		

42a The organization's books are in care of **▶** Maria Sanchez Telephone no. **▶** (305) 266-6252
 Located at **▶** 5805 Blue Lagoon Drive Ste 290 Miami FL ZIP + 4 ▶ 33126

	Yes	No
b At any time during the calendar year, did the organization 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)? If 'Yes,' enter the name of the foreign country ▶ _____	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country ▶ _____	42c	X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year **▶ 43** _____

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a	X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44d	

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a** Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst)
- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
45		X
45a		X
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

- 47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- b** If 'Yes,' was the related organization a section 527 organization?

	Yes	No
47		X
48		X
49a		X
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
N/A				
N/A				
N/A				
N/A				
N/A				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		
N/A		
N/A		
N/A		
N/A		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: Luis G. Beuth, President Date: July 13, 2011

Paid Preparer Use Only Print/Type preparer's name: Jorge H Jordan CPA Preparer's signature: [Signature] Date: 06/07/11 Check if self-employed PTIN: 20-0842505

Firm's name: Jordan and Company CPA PA Firm's EIN: 20-0842505

Firm's address: 5956 W 16th Ave. Hialeah FL 33012 Phone no: (305) 823-7579

May the IRS discuss this return with the preparer shown above? See instructions Yes No

**Depreciation and Amortization
(Including Information on Listed Property)**

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

Name(s) shown on return

Alafave, Inc.

Identifying number

65-1071286

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)		1
2	Total cost of section 179 property placed in service (see instructions)		2
3	Threshold cost of section 179 property before reduction in limitation (see instructions)		3
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-		4
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions		5
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8
9	Tentative deduction. Enter the smaller of line 5 or line 8		9
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562		10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)		11
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14
15	Property subject to section 168(f)(1) election	15
16	Other depreciation (including ACRS)	16

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	144.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B – Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property		534.	7.0 yrs	HY	200 DB	76.
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	220.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?					<input type="checkbox"/> Yes	<input type="checkbox"/> No	24b If 'Yes,' is the evidence written?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25				
26 Property used more than 50% in a qualified business use:											
27 Property used 50% or less in a qualified business use:											
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28				
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29			

Section B – Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a)		(b)		(c)		(d)		(e)		(f)	
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5	Vehicle 6						
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
36 Is another vehicle available for personal use?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<input type="checkbox"/>	<input type="checkbox"/>
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners	<input type="checkbox"/>	<input type="checkbox"/>
39 Do you treat all use of vehicles by employees as personal use?	<input type="checkbox"/>	<input type="checkbox"/>
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	<input type="checkbox"/>	<input type="checkbox"/>
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)	<input type="checkbox"/>	<input type="checkbox"/>

Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions):					
43 Amortization of costs that began before your 2010 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)

Bank charges	407.
Board meeting expenses	5,182.
Courier services	449.
Credit card fees	2,348.
Depreciation	220.
Equipment lease	262.
Food for the poor Haity donation	4,000.
Insurance expense	3,111.
Licenses & taxes	136.
Newsletter publication cost	11,913.
Office supplies & expense	1,693.
Partime secretarial services	1,208.
Payroll taxes	2,247.
Technical support & expense	2,525.
Travel	1,587.
Web page expense	1,363.
World conference expenses	5,384.
Total	44,035.

Form 990-EZ, Page 2, Part IV

List of Officers, Directors, Trustees, & Key Employees Stmt

Name and address	Title and average hours per week devoted to position	Compensation (if not paid, enter -0-)	Contributions to employee benefit plans and deferred compensation	Expense account and other allowances
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Luis F. Ramirez Globalwax USA Foreign city _____ Foreign country _____	Title Director Hours/Week 5.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Ismael E. Rivero Fabrica de Velas Veracruz None, VE Foreign city None Foreign country VE	Title Director Hours/Week 5.00	0.	0.	
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/> Maria C. Sanchez 1530 Catalonia Ave. Coral Gables FL 33134 Foreign city _____ Foreign country _____	Title Executive secreta Hours/Week 40.00	43,008.	0.	

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 24

Line 24 - Other Assets:	Beginning of Year	End of Year
Rent deposits	2,944.	2,944.
Total	<u>2,944.</u>	<u>2,944.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	Beginning of Year	End of Year
Futa tax payable	56.	56.
Total	<u>56.</u>	<u>56.</u>

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
Accounting fees	3,800.
Legal expense	600.
Total	<u>4,400.</u>

Supporting Statement of:

Form 990-EZ/Line 14

Description	Amount
Rent	12,517.
Utilities	3,873.
Total	<u>16,390.</u>

Supporting Statement of:

Form 990-EZ/Line 15

Description	Amount
Directory	1,591.
Postage & delivery	1,341.
Subscriptions	1,317.
Virtual magazine	1,000.
Total	<u>5,249.</u>

Supporting Statement of:

Form 990-EZ/Line 23, Column (A)

Description	Amount
Property & equipment	8,322.
Accumulated depreciation	-8,010.
Total	<u>312.</u>

Supporting Statement of:

Form 990-EZ/Line 23, Column (B)

Description	Amount
Property & equipment	7,798.
Accumulated depreciation	-7,314.
Total	<u>484.</u>

Form 4562

Depreciation and Amortization Report

2010

Alafave, Inc.

Tax Year 2010

Form 990 - All Assets

▶ Keep for your records

65-1071286

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation	Accumulated Depreciation*
DEPRECIATION													
Form 990													
Office equipment		01/15/01	1,788		100.00			1,788	7.00	200DB/HY	1,788	0	1,788
Office equipment		03/15/02	1,560		100.00			1,560	7.00	200DB/HY	1,560	0	1,560
Computer & zip drive		02/17/04	1,870		100.00			1,870	5.00	200DB/HY	1,870	0	1,870
Office equipment		03/15/05	1,587		100.00			1,587	5.00	200DB/HY	1,496	91	1,587
Office equip		03/15/06	459		100.00			459	5.00	200DB/HY	380	53	433
Ricoh Copier		01/15/10	534		100.00			534	7.00	200DB/HY		76	76
TOTALS			7,798	0		0		7,798			7,094	220	7,314

Code: S = Sold, A = Auto, L = Listed, C = COGS

FDIV7001 12/14/10

*Accumulated Depreciation = Section 179 + SDA + Prior + Current
Page 1 of 1

Form 4562

Alafave, Inc.

Form 990 - All Assets

Alternative Minimum Tax Depreciation Report

Tax Year 2010

► Keep for your records

2010

65-1071286

Asset Description	Code	Date in Service	Cost (net of land)	Land	Business Use %	Section 179	Special Depreciation Allowance	Depreciable Basis	Life	Method/Convention	Prior Depreciation	Current Depreciation	Adjustment/Preference
DEPRECIATION													
Form 990													
Office equipment		01/15/01	1,788		100.00			1,788	7.00	150DB/HY	1,788	0	0.
Office equipment		03/15/02	1,560		100.00			1,560	7.00	150DB/HY	1,560	0	0.
Computer & Zip drive		02/17/04	1,870		100.00			1,870	5.00	150DB/HY	1,870	0	0.
Office equipment		03/15/05	1,587		100.00			1,587	5.00	150DB/HY	1,455	132	-41.
Office equip		03/15/06	459		100.00			459	5.00	150DB/HY	344	77	-24.
Ricoh Copier		01/15/10	534		100.00			534	7.00	150DB/HY		57	19.
TOTALS			7,798	0		0		7,798			7,017	266	-46.

Code: S = Sold, A = Auto, L = Listed, C = COGS, P = Passive

Federal 990 Depreciation Report
Regular Tax
Activity Form 990 / Form 990EZ

Total cost of goods sold

Description	In Service	Cost	Land	Bus %	Type	Class	Conv	Depr
Cost of Goods Sold	Disposed	Basis	Sec. 179	Listed	Mthd	Life	Year	Prior
Office equipment	01/15/01	1,788.		100.00	MACRS	7	HY	0.
		1,788.			200DB	7.00	10	1,788.
Office equipment	03/15/02	1,560.		100.00	MACRS	7	HY	0.
		1,560.			200DB	7.00	9	1,560.
Computer & Zip drive	02/17/04	1,870.		100.00	MACRS	5	HY	0.
		1,870.			200DB	5.00	7	1,870.
Office equipment	03/15/05	1,587.		100.00	MACRS	5	HY	91.
		1,587.			200DB	5.00	6	1,496.
Office equip	03/15/06	459.		100.00	MACRS	5	HY	53.
		459.			200DB	5.00	5	380.
Ricoh Copier	01/15/10	534.		100.00	MACRS	7	HY	76.
		534.			200DB	7.00	1	
Total		<u>7,798.</u>						<u>220.</u>
		<u>7,798.</u>						<u>7,094.</u>

Federal 990 Depreciation Report
Alternative Minimum Tax
Activity Form 990 / Form 990EZ

Passive adjustment

Passive preference

Description	Real	Passive	AMT Cost	AMT Life	AMT Depr	AMT Adj
			AMT Basis	AMT Mthd	AMT Prior	AMT Pref
Office equipment	<input type="checkbox"/>	<input type="checkbox"/>	1,788.	7.00	0.	0.
			1,788.	150DB	1,788.	
Office equipment	<input type="checkbox"/>	<input type="checkbox"/>	1,560.	7.00	0.	0.
			1,560.	150DB	1,560.	
Computer & Zip drive	<input type="checkbox"/>	<input type="checkbox"/>	1,870.	5.00	0.	0.
			1,870.	150DB	1,870.	
Office equipment	<input type="checkbox"/>	<input type="checkbox"/>	1,587.	5.00	132.	-41.
			1,587.	150DB	1,455.	
Office equip	<input type="checkbox"/>	<input type="checkbox"/>	459.	5.00	77.	-24.
			459.	150DB	344.	
Ricoh Copier	<input type="checkbox"/>	<input type="checkbox"/>	534.	7.00	57.	19.
			534.	150DB		
Total			<u>7,798.</u>		<u>266.</u>	<u>-46.</u>
			<u>7,798.</u>		<u>7,017.</u>	

Form 4562
Special Depreciation Allowance ReportActivity: Form 990 / Form 990EZ

Description	In Service	AMT Cost	AMT Basis	AMT SDA	Cost	SDA Basis	SDA
Office equipment	01/15/01	1,788.			1,788.		
Office equipment	03/15/02	1,560.			1,560.		
Computer & Zip drive	02/17/04	1,870.			1,870.		
Office equipment	03/15/05	1,587.			1,587.		
Office equip	03/15/06	459.			459.		
Ricoh Copier	01/15/10	534.			534.		
Total		<u>7,798.</u>			<u>7,798.</u>		

Reminder Notes and Narratives

Alafave, Inc.

65-1071286

Form 990-EZ: Exempt purpose _____

Attachment -A

The dissemination of technical & trade information related to the candle industry.

Form 990-EZ: Line 28, Description

Attachment B

The quarterly newsletter of the Association Punto de Fusion continues to be a one of a kind trade publication sought by candle manufacturers and suppliers in Latin America and Europe. A new feature of this publication is a column dedicated to statistics in candle and paraffin wax imports in Latin American countries.

A very successful 3rd World Candle Congress, jointly sponsored by ALAFAVE and the National Candle Association, took place on July 2010 in Disney World, Orlando Florida. It was attended by approximately 500 manufacturers and suppliers of the candle industry. The highlight of this conference was the Trade Show that took place where 51 suppliers from all over the world exhibited their latest products.

ALAFAVE continued to gift its candle manufacturers members the C/D released by the American Society of Testing Materials (ASTM) containing the existing six candle standards that apply to the candle industry. Also, a technical C/D, released by ALAFAVE, with all the questions and answers published in the newsletter Punto de Fusion of the last 6 years was distributed to the candle manufacturers members in 2010. The dissemination of relevant technical information for the candle industry continues to be a top priority of ALAFAVE.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization Alafave, Inc.	Employer identification number 65-1071286
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P O box, see instructions. 5805 Blue Lagoon Drive, #290	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Miami FL 33126	

Enter the Return code for the return that this application is for (file a separate application for each return) 03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ▶ Maria Sanchez -----
Telephone No ▶ (305) 266-6252 ----- FAX No ▶ (305) 266-6212 -----

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2010 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____

2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.