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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

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.

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending ,

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

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

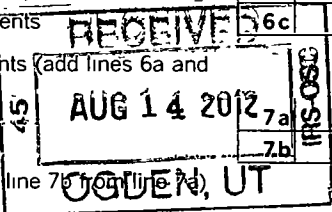
K Check if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization 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 ▶ \$ 188,583.

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	3 187,263.
	4 Investment income	4 1,320.
	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	9 188,583.	
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 45,000.
	13 Professional fees and other payments to independent contractors	13 3,400.
	14 Occupancy, rent, utilities, and maintenance	14 18,795.
	15 Printing, publications, postage, and shipping	15 15,536.
	16 Other expenses (describe in Schedule O)	16 99,999.
	17 Total expenses. Add lines 10 through 16	17 182,730.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 5,853.	
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)	19 273,179.
	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	21 279,032.



BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2011)

P R

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	269,807.	268,129.
23 Land and buildings	484.	2,015.
24 Other assets (describe in Schedule O) See L-24 Stmt	2,944.	8,944.
25 Total assets	273,235.	279,088.
26 Total liabilities (describe in Schedule O) See L-26 Stmt	56.	56.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	273,179.	279,032.

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 See attachment B.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	

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) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Luis Beuth Illuminata S.A. Yumbo, CO	President 10.00	0.	0.	0.
Amilcar Lusinchi Cera Artistica, C.A. Barquisimeto, VE	V.P. & Sect 10.00	0.	0.	0.
Luis F. Ramirez 1 Bethany Rd Hazlet NJ 07730	Treasurer 10.00	0.	0.	0.
Cristian Celedon Fabrica de Velas S.A. Santiago, CI	Director 5.00	0.	0.	0.
Gaston Motola Velas Lux S.A. de C. V. Naucalpan, MX	Director 5.00	0.	0.	0.
Armando Ilanes Industrias Fatima S.A. Managua, NU	Director 5.00	0.	0.	0.
Rafael Garcia Veladoras Paraiso S.A. de C.V. Mexico City, MX	Director 5.00	0.	0.	0.
Decio A Polak Passamanaria Sao Vitor, Brazil Sao Paulo, BR	Director 5.00	0.	0.	0.
Ismael E. Rivero Fabrica de Velas Veracruz C.A. San Juan de los Morros, VE	Director 5.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Stmt	Employees Stmt			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

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
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a confirmed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
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?
38b If 'Yes,' complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
40b 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
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e 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
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

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:
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of 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:

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

44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O
45a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?
45b 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 instructions)

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
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 or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		X
48		X
49a		X
49b		

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?

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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				
N/A				
N/A				
N/A				
N/A				

e 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'

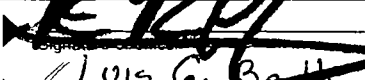
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		
N/A		
N/A		
N/A		
N/A		

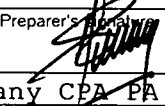
e Total number of other independent contractors each receiving over \$100,000

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. Preparer's declaration of preparer based on all information of which preparer has any knowledge

Signature:  Date: 8/7/12
 Luis G. Booth, PRESIDENT
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: Jorge H Jordan C P A
 Preparer's signature: 
 Date: 07/23/12
 Check if self-employed PTIN: P00099546
 Firm's name: Jordan and Company CPA PA
 Firm's address: 5956 W 16th Ave. Hialeah FL 33012
 Firm's EIN: 20-0842505
 Phone no: (305) 823-7579

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

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

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

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

OMB No 1545-0172

2011

Attachment
Sequence No **179**

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 2010 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 2012 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 2011	17	157.
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 2011 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		2,110.	5.0 yrs	HY	200 DB	422.
c 7-year property						
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	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2011 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	579.
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	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FDIZ0812 05/20/11

Form **4562** (2011)

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?										Yes		No		24b If 'Yes,' is the evidence written?										Yes		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) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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)

										Yes		No	
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?													
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													
39 Do you treat all use of vehicles by employees as personal use?													
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?													
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)													
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 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year					43
44 Total. Add amounts in column (f) See the instructions for where to report					44

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. The column dedicated to statistics on candle and paraffin wax imports in Latin American countries, has been expanded to include more countries in South America. The Dr. Vela column continues to give valuable advice to manufacturers on how to make better and safer candles.

For the very first time, in July 2011 a jointly sponsored conference of Brazilian candle manufacturers (ABRAFAVE) and ALAFAVE candle manufacturers took place in Rio de Janeiro, Brazil. It was a very successful event attended by approximately 250 people that had the unique opportunity to network with colleagues of the largest economic power of the region.

Form 4562

Alternative Minimum Tax Depreciation Report

2011

Alafave, Inc.

Tax Year 2011

Form 990 - / Form 990EZ

▶ 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	Adjustment/Preference
DEPRECIATION													
Brother Printer/fax/sc		04/01/11	430		100.00			430	5.00	150DB/HY		65	21.
Dell Laptop Inspiron 1		04/01/11	952		100.00			952	5.00	150DB/HY		143	47.
Intel Desktop Comp		06/01/11	728		100.00			728	5.00	150DB/HY		109	37.
SUBTOTAL CURRENT YEAR			2,110	0		0	0	2,110			0	317	105.
Office equipment		03/15/02	1,610		100.00			1,610	7.00	150DB/HY	1,610	0	0.
Office equipment		03/15/05	1,587		100.00			1,587	5.00	150DB/HY	1,587	0	0.
Office equip		03/15/06	459		100.00			459	5.00	150DB/HY	421	38	-12.
Ricoh Copier		01/15/10	534		100.00			534	7.00	150DB/HY	57	102	29.
SUBTOTAL PRIOR YEAR			4,190	0		0	0	4,190			3,675	140	17.
TOTALS			6,300	0		0	0	6,300			3,675	457	122.

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

Form 4562

Depreciation and Amortization Report

2011

Alafave, Inc.

Tax Year 2011

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		03/15/02	1,610		100.00			1,610	7.00	200DB/HY	1,610	0	1,610
Office equipment		03/15/05	1,587		100.00			1,587	5.00	200DB/HY	1,587	0	1,587
Office equip		03/15/06	459		100.00			459	5.00	200DB/HY	433	26	459
Ricoh Copier		01/15/10	534		100.00			534	7.00	200DB/HY	76	131	207
Brother Printer/fax/scanner		04/01/11	430		100.00			430	5.00	200DB/HY		86	86
Dell Laptop Inspiron 14R		04/01/11	952		100.00			952	5.00	200DB/HY		190	190
Intel Desktop Comp		06/01/11	728		100.00			728	5.00	200DB/HY		146	146
TOTALS			6,300	0		0	0	6,300			3,706	579	4,285

*Accumulated Depreciation = Section 179 + SDA + Prior + Current

Form 4562

Alternative Minimum Tax Depreciation Report

2011

Alafave, Inc.

Tax Year 2011

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	Adjustment/Preference
DEPRECIATION													
Form 990													
Office equipment		03/15/02	1,610		100.00			1,610	7.00	150DB/HY	1,610	0	0.
Office equipment		03/15/05	1,587		100.00			1,587	5.00	150DB/HY	1,587	0	0.
Office equip		03/15/06	459		100.00			459	5.00	150DB/HY	421	38	-12.
Ricoh Copier		01/15/10	534		100.00			534	7.00	150DB/HY	57	102	29.
Brother Pr-inter/fax/sc		04/01/11	430		100.00			430	5.00	150DB/HY		65	21.
Dell Laptop Inspiron 1		04/01/11	952		100.00			952	5.00	150DB/HY		143	47.
Intel Desktop Comp		06/01/11	728		100.00			728	5.00	150DB/HY		109	37.
TOTALS			6,300	0		0	0	6,300			3,675	457	122.

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	03/15/02	1,610.		100.00	MACRS	7	HY	0.
		1,610.			200DB	7.00	10	1,610.
Office equipment	03/15/05	1,587.		100.00	MACRS	5	HY	0.
		1,587.			200DB	5.00	7	1,587.
Office equip	03/15/06	459.		100.00	MACRS	5	HY	26.
		459.			200DB	5.00	6	433.
Ricoh Copier	01/15/10	534.		100.00	MACRS	7	HY	131.
		534.			200DB	7.00	2	76.
Brother Printer/fax/sc	04/01/11	430.		100.00	MACRS	5	HY	86.
		430.			200DB	5.00	1	
Dell Laptop Inspiron 1	04/01/11	952.		100.00	MACRS	5	HY	190.
		952.			200DB	5.00	1	
Intel Desktop Comp	06/01/11	728.		100.00	MACRS	5	HY	146.
		728.			200DB	5.00	1	
Total		<u>6,300.</u>						<u>579.</u>
		<u>6,300.</u>						<u>3,706.</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"/>	1,610.	7.00	0.	0.
			1,610.	150DB	1,610.	
Office equipment	<input type="checkbox"/>	<input type="checkbox"/>	1,587.	5.00	0.	0.
			1,587.	150DB	1,587.	
Office equip	<input type="checkbox"/>	<input type="checkbox"/>	459.	5.00	38.	-12.
			459.	150DB	421.	
Ricoh Copier	<input type="checkbox"/>	<input type="checkbox"/>	534.	7.00	102.	29.
			534.	150DB	57.	
Brother Printer/fax/scann	<input type="checkbox"/>	<input type="checkbox"/>	430.	5.00	65.	21.
			430.	150DB		
Dell Laptop Inspiron 14R	<input type="checkbox"/>	<input type="checkbox"/>	952.	5.00	143.	47.
			952.	150DB		
Intel Desktop Comp	<input type="checkbox"/>	<input type="checkbox"/>	728.	5.00	109.	37.
			728.	150DB		
Total			<u>6,300.</u>		<u>457.</u>	<u>122.</u>
			<u>6,300.</u>		<u>3,675.</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	03/15/02	1,610.			1,610.		
Office equipment	03/15/05	1,587.			1,587.		
Office equip	03/15/06	459.			459.		
Ricoh Copier	01/15/10	534.			534.		
Brother Printer/fax/scan	04/01/11	430.			430.		
Dell Laptop Inspiron 14R	04/01/11	952.			952.		
Intel Desktop Comp	06/01/11	728.			728.		

Total

6,300.6,300.

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)

Advertising & marketing	1,400.
Alafave/Abrasave conference expense-2011	71,534.
Anti-dumping Mexican study	1,225.
Bank charges	473.
Board meeting expenses	5,376.
Courier services	775.
Credit card fees	2,947.
Depreciation	579.
Dues & licenses	206.
Equipment lease	298.
Insurance	3,120.
Office supplies & expense	1,574.
Payroll taxes	3,678.
Subscriptions	1,308.
Technical support & expense	1,986.
Teleconference	103.
Travel	2,167.
Web page expense	1,250.
Total	99,999.

Form 990-EZ, Page 2, Part IV

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

	average hours per week devoted to position	compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	benefits, contributions to employee benefit plans, and deferred compensation	amount of other compen- sation
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
Gustavo Delgado	Title			
Fabrica de Velas Herminio Delgado, Ecuador	Director			
Cuenca, EC	Hours/Week			
Foreign City Cuenca	5.00	0.	0.	0.
Foreign Country EC				
Business <input type="checkbox"/> Person <input checked="" type="checkbox"/>				
Maria C. Sanchez	Title			
1530 Catalonia Ave.	Executive secreta			
Coral Gables FL 33134	Hours/Week			
Foreign City	40.00	45,000.	0.	0.
Foreign Country				

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.
Speaker advance-2012 Quito Conference	0.	6,000.
Total	2,944.	8,944.

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
<u>Futa tax payable</u>	<u>56.</u>	<u>56.</u>
Total	<u>56.</u>	<u>56.</u>

Supporting Statement of:

Form 990-EZ/Line 3

Description	Amount
2010 World candle congress profit	56,217.
Advertising revenue	4,168.
2011 Conference registrations, tradeshow & sponsorship	32,526.
Hot link 2011	1,645.
Membership dues	92,568.
Miscellaneous	139.
Total	<u>187,263.</u>

Supporting Statement of:

Form 990-EZ/Line 13

Description	Amount
Accounting fees	1,900.
Part-time secretarial services	1,500.
Total	<u>3,400.</u>

Supporting Statement of:

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

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

Supporting Statement of:

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

Description	Amount
Property & equipment	6,300.
Accumulated depreciation	-4,285.
Total	<u>2,015.</u>

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

Enter filer's identifying number, see instructions

Type or print <small>File by the due date for filing your return. See instructions</small>	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	Alafave, Inc.	<input checked="" type="checkbox"/> 65-1071286
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	5805 Blue Lagoon Drive, #290	<input type="checkbox"/>
	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)

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	01	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, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 11 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