

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	2,935	22 3,236
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	2,935	25 3,236
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,935	27 3,236

Part III Statement of Program Service Accomplishments (see the instructions 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?
 THE PRIMARY EXEMPT PURPOSE OF THE ORGANIZATION IS TO PROMOTE THE GAME OF GOLF BY OFFERING ALL ITS MEMBERS, REPRESENTING THE CULTURAL DIVERSITY EXISTING IN SOUTH FLORIDA, TO PARTICIPATE IN TOURNAMENTS DURING THE YEAR

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, optional for others)

28 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
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 9,711

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms 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
ERNESTO J MARIN	000 00	0		
TREASURER				
EDUARDO DEL CARMEN	000 00	0		
SECRETARY				
ARMANDO CUNILL	000 00	0		
DIRECTOR				
STEVE WALSH	000 00	0		
PRESIDENT				
ROBERTO HIRLEMANN	000 00	0		
VICE-PRESIDE				

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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

Table with 2 columns: Yes, No. Row 46: No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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?
48 Is the organization a school as described in section 170(b)(1)(A)(ii)?
49a Did the organization make any transfers to an exempt non-charitable related organization?
49b If "Yes," was the related organization a section 527 organization?

Table with 2 columns: Yes, No. Rows 47-49b: All empty

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 "

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation, (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation

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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

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 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 ERNESTO J MARIN TREASURER Date 2018-05-23

Paid Preparer Use Only Print/Type preparer's name BAYARDO N AGUILAR JR Preparer's signature Date 2018-05-23 Check self-employed PTIN P00278437 Firm's name BAYARDO N AGUILAR JR CPA PA Firm's EIN 65-1089213 Firm's address 1550 MADRUGA AVE STE 335 CORAL GABLES, FL 331463094 Phone no (786) 773-2399

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

Additional Data

Software ID:

Software Version:

EIN: 20-1160637

Name: NAGA INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

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; optional for others.)	
<p>28 THE ORGANIZATION PROMOTES THE GAME OF GOLF BY OFFERING TOURNAMENTS DURING THE YEAR TO ALL ITS MEMBERS (Grants \$)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	9,711

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NAGA INC

Employer identification number

20-1160637

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES FIESTA - PRESIDENCIAL EXP 7,715 GENERAL ASSEMBLY EXPENSE 602 USGA MEMBERSHIPS 110 MISCELLANEOUS 530 LICENSES & PERMITS 61 TOURNAMENT - 4TH OF JULY 645 BANK CHARGES 48 TOTAL 9,711

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	THE PRIMARY EXEMPT PURPOSE OF THE ORGANIZATION IS TO PROMOTE THE GAME OF GOLF BY OFFERING ALL ITS MEMBERS, REPRESENTING THE CULTURAL DIVERSITY EXISTING IN SOUTH FLORIDA, TO PARTICIPATE IN TOURNAMENTS DURING THE YEAR