## **TODD YOUNG**

INDIANA'S 9TH DISTRICT

WASHINGTON, DC OFFICE

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HAND DELIVERED

COMMITTEE ON ARMED SERVICES

**COMMITTEE ON** THE BUDGET

LEGISLATIVE RESOURCE CENTE:

2012 JUN 14 PM 2: 50

Congress of the United States House of Representatives

Washington, DC 20515

June 13th, 2012

The Honorable Karen Haas Clerk of the House Office of the Clerk of the House of Representatives Capitol Building, H-154 Washington, DC 20515-6601

Dear Ms. Haas:

Below is the additional information for my 2011 financial disclosure.

- 1) The following clarifications should be made to Schedule III:
  - a. SP Indiana Public Employees Retirement fund is a defined benefit plan.
  - b. SP Indiana Public Employers Retirement Fund IRA should be instead be listed as "SP - Indiana Public Employers Retirement Fund Annuity Savings Account" which is made up of the following two funds:
    - i. Guaranteed Fund (50.66%) has a guaranteed yearly interest rate set by the INPERS Board of Trustees. For 2011 the rate was 1.75%.
    - ii. Large Cap Index Fund (49.32%) S&P 500 Index Fund managed by Barclay's Financial.

Thank you for your assistance in this matter and please do not hesitate to contact my office at (202) 225-5315 should you have any additional questions.

In Service.

**Todd Young** 

Member of Congress

X	Yes	child because	EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	f" income, trans	t any other assets, "unearned swer "yes" unless you have f	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities on they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on	EXEMPTION they meet a
<b>₹</b>	Yes	closed. Have you	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	e on Ethics and dependent chil	s" approved by the Committenefiting you, your spouse, or	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	TRUSTS—E excluded fro
Ś	UESTION	EACH OF THESE QUESTIONS	— ANSWER	T INFORI	DEPENDENT, OR TRUST INFORMATION	EXCLUSION OF SPOUSE, DEPE	EXCLUS
l the onse.	wered and 'Yes" resp	must be ansi ed for each "	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	S □	any reportable Yes X	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.	V. Did you, y liability (more if yes, comp
N <sub>S</sub>	Yes	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No X	chase, sell, exceeding Yes	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	IV. Did you, or exchange \$1,000 durir <b>If yes, com</b>
N <sub>o</sub>	Yes	or before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	<u>8</u>	ive "unearned" r hold any of the period?  Yes	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	III. Did you, y income of m reportable au
<b>8</b>	Yes	receive any n the reporting )?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)?  If yes, complete and attach Schedule VII.	<u>\$</u>	ticle in the Yes	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	II. Did any individualieu of paying you reporting period?  If yes, complete
N <sub>S</sub>	Yes	receive any regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	<b>№</b>	rting period? Yes	<ol> <li>Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?</li> <li>If yes, complete and attach Schedule I.</li> </ol>	I. Did you or fees) of \$20 <b>If yes, com</b>
			E QUESTIONS	OF THESE	- ANSWER EACH	PRELIMINARY INFORMATION —	PRELIMI
more triair	ie who mes	30 days late.	Termination Date:		Amendment	Annual (May 15, 2012)	Report Type
assessed	ity shall be	A \$200 penalty shall be assessed	уr Employing Office:	Officer or Employee	State: N District: A	Member of the U.S. S House of Representatives D	Filer Status
2: 51	2012 JUN 14 PH 2: 51  CONTROL OF THE CLUST O	2012 JUN 14 PH 2: 51  OUS. HOUSE US. BERGER SENTATIVE  U.S. HOUSE US. BERGER SENTATIVE  OUS. BERGER SEN	Daytime Telephone: 202,725.53  S	Daytime 1		TODO C. YOUNG	Name:
NEREI	HAND DELIVERED	HANI	Form A For use by Members, officers, and employees	MENT	RESENTATIVES DISCLOSURE STATE	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT	UNITED

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	Indiana Public Employee's Retirement Fund IRA	Rental Paperty, Blumington, IN	out College Choice Advisors 529	College Chaice Advisors 529	Indiana Public Employec's Retirement fund			SP Mega Corp. Stock	the name of the institution holding the account and its value at the end of the reporting period.  For rental or other real property held for investment, provide a complete address.  For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	BLOCK A  Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.  Provide complete names of stocks and mutual funds (do not use ticker symbols.)  For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only
							_		None > \$1 - \$1,000 □	BLOCK B  Value of Asset  Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
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	X		×		~		in te	$\vdash$	\$1,001 - \$15,000 ° \$15,001 - \$50,000 °	gy y off off off off off off off off off
								×	\$50,001 – \$30,000	Wallue ear. her city was s in co
						×			\$100,001 - \$250,000	BLOCK B  Value of Asset at year. If you use a other than fair mark pecify the method use at was sold during the I is included only be dincome, the value and the set was sold sold the set was sold during the set was sold during the set was sold sold the set was s
	_								\$250,001 – \$500,000	BLOCK B  Je of Ass of asse If you than fair than fair the meth he meth sold durin cluded o me, the v
		×							\$500,001 - \$1,000,000	B B use thoc thoc only value.
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								×	CAPITAL GAINS	BL(K) BL(K) interior
									EXCEPTED/BLIND TRUST	Type of Ince  Type of Ince Check all columns the retirement accounts that you to choose specific in that generate tax-defe (such as 401(k) plans may check the "Tax-Defe Dividends, interest, gains, even if reinvest disclosed as income, of if the asset generated not ing the reporting period.
						l -	-	-	TAX-DEFERRED	BLOCK C  Type of Income all columns that ap nt accounts that do n noose specific investr nerate tax-deferred 401(k) plans or IR ck the "Tax-Deferred" ds, interest, and ven if reinvested, a ven if reinvested, a porting period.
							Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income  Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
	X		X	X	×				None –	For No cate the earr
				<u> </u>		<u> </u>		_	\$1 - \$200 =	Amount of I Amount of I For assets for which yo Deferred" in Block C, you "None" column. For all of cate the category of inco the appropriate box be interest, and capital reinvested, must be income. Check "None" i earned or generated.
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<b></b>		ļ				<u> </u>	<u> </u>	×	\$1,001 – \$2,500 <	BLOCK D  Amount of Income ats for which you checke in Block C, you may ch column. For all other asse category of income by c ropriate box below. Divi , and capital gains, e ted, must be disclose Check "None" if no incol or generated.
						<u> </u>	-		\$2,501 - \$5,000 <	BLOCK D  unt of In  which you  ck C, you  For all oth  ror of incou  box bek  capital c  capital c  "None" if  "rated.
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<u> </u>		<b> </b>	ļ		<del> </del>	<u> </u>	<u> </u>		\$1,000,001 \$5,000,000 ×	BLOCK D  Amount of Income  For assets for which you checked "Tax- Deferred" in Block C, you may check the "None" column. For all other assets, indi- cate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.
-	+	<del>                                     </del>	ļ [	<u> </u>		┞	-	_	Over \$5,000,000 ≚	
								S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for exam- ple.	BLOCK E  Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

## SCHEDULE V— LIABILITIES

Name TODD C. YOUNG

Page 3 of 3

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report

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<b>≒</b> 8,5	Creditor	Incurred Mo/Year	Type of Liability	\$10,001- \$15,000 \$15,001-	\$50,000 \$50,001- \$100,000	\$100,000 \$100,001 \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000 \$25,000,001	\$50,000,000 Over \$50,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE			×					
T	USAA		Rowalinhy credit	\ \ \							
4	Springs Valley Bank + Trust Co.	Avgust 2808	Mortgage on property located					X			
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## SCHEDULE VI— GIFTS

**Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375