TEXAS PENSION REVIEW BOARD

P.O. Box 13498, Austin, TX 78711 | Phone: (800) 213-9425 or (512) 463-1736 | Fax: (512) 463-1882 | Email: prb@prb.texas.gov

INVESTMENT RETURNS AND ASSUMPTIONS REPORT PRB-1000

Retirement System Profile

Travis Co. ESD No. 6 FRRF	**(512) 663-6804**
System Name	Phone Number: (xxx) xxx-xxxx
Scott Falltrick	**sfalltrick@ltfr.org**
Report Contact Name (Please Print)	E-mail Address

Actual Rate of Return

(Most Recent 10 Fiscal Years)

Fiscal Year End (MM/DD/YYYY)	Net Return (Percent)	Gross Return (Percent)	Gross Return Methodology	
			Not Net of Admin Expenses	Net of Admin Expenses
12/31/2012	7.76%	8.54%	○	◉
12/31/2013	17.88%	18.69%	○	◉
12/31/2014	6.56%	7.23%	○	◉
12/31/2015	.67%	1.23%	○	◉
12/31/2016	4.67%	5.22%	○	◉
12/31/2017	16.28%	16.88%	○	◉
12/31/2018	-5.21%	-4.74%	○	◉
12/31/2019	20.49%	21.03%	○	◉
12/31/2020	15.51%	15.97%	○	◉
12/31/2021	11.79%	12.27%	○	◉

Gross Return Methodology - In the last column, please indicate the methodology used to calculate each gross return presented as either: The Gross Return is not net of administrative expenses or the Gross Return is net of administrative expenses.

Actuarial Assumed Rate of Return

(Most Recent 10 Actuarial Valuations)

Valuation Date (MM/DD/YYYY)	Assumed Return (Percent)	Assumed Return Methodology		
		Net All Expenses	Net Investment Fees Only	Other
01/01/2008	7.0%	◉	○	○
01/01/2010	7.0%	◉	○	○
01/01/2012	7.0%	◉	○	○
01/01/2014	7.0%	◉	○	○
12/31/2015	7.0%	◉	○	○
12/31/2017	7.0%	◉	○	○
12/31/2019	7.0%	○	◉	○
		○	○	○
		○	○	○
		○	○	○

Assumed Return Methodology - In the last column, please indicate the methodology underlying each assumed rate of return as either: The return is net of all expenses; the return is net of investment fees; or, "Other". If "Other", please describe methodology used in **Additional Comments** section.

Information provided in this document may be based on methodologies assumed to be reasonable by the reporting entity. The information provided herein may be unaudited and is considered the best approximation of the plan at the time of submission. Additionally, the information provided in this document must be based on the fiscal year of the public retirement system submitting the report.

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LONG-TERM RATES OF RETURN PRB-1000

Annualized Rolling Rate of Return Information

Please check the appropriate box for the methodology used to calculate the rates of return requested in the following section:

☐ Arithmetic Mean ☒ Geometric Mean (Time-Weighted Return) ☐ Internal Rate of Return

Most Recent	1-Year Period	3-Year Period	10-Year Period	30-Year or Since Inception Period
Rolling Gross	12.27%	16.37%	9.95%	9.03%
Rolling Net	11.79%	15.88%	9.36%	8.36%

*If the system's inception date is less than 30 years from the report date, please enter the inception date:

Date of Inception (MM/DD/YYYY)	**12/31/2008**

RETURNS AND ASSUMPTIONS – ADDITIONAL COMMENTS

Please use this text box to provide any additional information or commentary that may help clarify information provided in the previous form.

The actual date of inception was during 2008, but the 2008 plan year did not include a full year.

Information provided in this document may be based on methodologies assumed to be reasonable by the reporting entity. The information provided herein may be unaudited and is considered the best approximation of the plan at the time of submission. Additionally, the information provided in this document must be based on the fiscal year of the public retirement system submitting the report.

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RETURNS AND ASSUMPTIONS – UNAVAILABLE INFORMATION **PRB-1000**

Please list any unavailable information requested in this form in the text box below, including an explanation of why the information is unavailable. Completion of this form fulfills the requirements stated in Section 802.108 (c) of Texas Government Code.

Net and gross rates of rerun are available for December 31, 2009 and later fiscal years.

☒ By marking this box, I certify that the information provided is accurate based on the methodology used; and that the retirement system for which this form is being provided agrees to a timely submission of the unavailable information if it becomes available.

CERTIFICATION

I certify that, as an official representative of the retirement system for which this report is being presented, I have the authority to provide the requested information, and that I have verified, to the best of my knowledge, that the information presented is complete, as far as indicated, and accurate. (Note: By typing your name below, you are signing this document.)

Scott Falltrick	7/26/2022	Chairman
First Authorizing Signature	Date	Title of First Authorizer
(512) 663-6804		sfalltrick@ltfr.org
First Authorizer Phone Number		First Authorizer Email
Sharon Smith	7/26/2022	Trustee
Second Authorizing Signature	Date	Title of Second Authorizer
(512) 266-2533		ssmith@ltfr.org
Second Authorizer Phone Number		Second Authorizer Email

Information provided in this document may be based on methodologies assumed to be reasonable by the reporting entity. The information provided herein may be unaudited and is considered the best approximation of the plan at the time of submission. Additionally, the information provided in this document must be based on the fiscal year of the public retirement system submitting the report.