

Investment Returns and Assumptions Report

INVESTMENT RETURNS AND ASSUMPTIONS REPORT

PRB-1000

Retirement System Profile

Travis Co. ESD No. 6 Firefighters' Relief and Retirement 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	Net Return Gross Return Gross Return Meth		Methodology	
(MM/DD/YYYY)	(Percent)	(Percent)	Not Net of Admin	Net of Admin
			Expenses	Expenses
12/31/2009	8.58%	9.71%		~
12/31/2010	8.37%	9.37%		~
12/31/2011	-1.37%	-0.63%		~
12/31/2012	7.76%	8.54%		~
12/31/2013	17.88%	18.69%		~
12/31/2014	6.56%	7.23%		~
12/31/2015	0.67%	1.23%		~
12/31/2016	4.67%	5.22%		~

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	Assumed	Assumed Return Methodology		
(MM/DD/YYYY)	Return (Percent)	Net All Expenses	Net Investment Fees Only	Other
01/01/2008	7.00%	~		No expenses netted
01/01/2010	7.00%	~		No expenses netted
01/01/2012	7.00%	~		No expenses netted
01/01/2014	7.00%	~		
12/31/2015	7.00%	~		

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.

PYE 12/31/2016



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LONG-TERM RATES OF RETURN

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Annualized Rolling Rate of Return Information

Please check the appropriate 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*
Rolling Gross	5.22%	4.53%	N/A	7.28%
Rolling Net	4.67%	3.94%	N/A	6.50%

*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)	01/01/2009
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RETURN AND ASSUMPTIONS -- ADDITIONAL COMMENTS

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

Rates of Return

Net and Gross rates of return for the fiscal years ending December 31, 2009, and later are available.

Actuarial Assumed Rate of Return

Actuarial assumed rate of return information came from the fund's most recent actuarial valuation report. Currently, valuations are being performed biennially.

Average Rates of Return

The average rates of return are geometric rates of return. Please see the RoR_History Worksheet for details of the calculations.

*The "Since Inception" rates of return are eight-year averages. The 2008 plan year did not include a full year of contributions and included plan start-up expenses.

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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 return are available for the December 31, 2009 and later fiscal years. The requested		
averages have been calculated to the extent data is available.		
■ By checking (or Copy and Paste:) in this box, I certify that the information provided is accurate based on the		

RETURNS AND ASSUMPTIONS – UNAVAILABLE INFORMATION

CERTIFICATION

methodology used; and that the retirement system for which this form is being provided agrees to a timely

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.)

submission of the unavailable information if it becomes available.

Scott Falltrick	Chairman
First Authorizing Signature Dat	Title of First Authorizer
512-663-6804	sfalltrick@ltfr.org
First Authorizer Phone Number	First Authorizer Email
Jim DeWitt	Trustee
Second Authorizing Signature Dat	Title of Second Authorizer
512-266-2533	jdewitt@ltfr.org
Second Authorizer Phone Number	Second Authorizer Email

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