

INVESTMENT RETURNS AND ASSUMPTIONS REPORT

PRB-1000

Retirement System Profile

Lower Colorado Rive Authority Retirement Plan	(512) 578-7019
System Name	Phone Number: (xxx) xxx-xxxx
Randy Loughlin	Randy.Loughlin@lcra.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
12/31/2023	14.2%	14.2%	<input type="radio"/>	<input checked="" type="radio"/>
12/31/2022	-14.4%	-14.4%	<input type="radio"/>	<input checked="" type="radio"/>
12/31/2021	12.6%	12.6%	<input type="radio"/>	<input checked="" type="radio"/>
12/31/2020	14.8%	14.8%	<input type="radio"/>	<input checked="" type="radio"/>
12/31/2019	17.6%	17.6%	<input type="radio"/>	<input checked="" type="radio"/>
12/31/2018	-6.4%	-6.4%	<input type="radio"/>	<input checked="" type="radio"/>
12/31/2017	11.1%	11.1%	<input type="radio"/>	<input checked="" type="radio"/>
12/31/2016	3.8%	3.8%	<input type="radio"/>	<input checked="" type="radio"/>
12/31/2015	.2%	.2%	<input type="radio"/>	<input checked="" type="radio"/>
12/31/2014	5.8%	5.8%	<input type="radio"/>	<input checked="" type="radio"/>

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
01/01/2024	7.00%	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
01/01/2023	7.00%	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
01/01/2022	7.00%	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
01/01/2021	7.00%	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
01/01/2020	7.00%	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
01/01/2019	7.25%	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
01/01/2018	7.25%	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
01/01/2017	7.25%	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
01/01/2016	7.25%	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
01/01/2015	7.25%	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

LONG-TERM RATES OF RETURN

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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	14.2%	3.2%	5.5%	7.0%
Rolling Net	14.2%	3.2%	5.5%	7.0%

*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)	01/01/1991
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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.

RETURNS AND ASSUMPTIONS – UNAVAILABLE INFORMATION

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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.

☒ 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.)

Jim Travis
First Authorizing Signature

07/30/2024
Date

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Title of First Authorizer

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Jim.Travis@lcra.org
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Stephen Kellicker
Second Authorizing Signature

07/30/2024
Date

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