#### BENEFITS AND MEMBERSHIP REPORT

**PRB-200** 

#### RETIREMENT SYSTEM PROFILE

Fort Worth Employees' Retirement Fund - City of Fo	ort Worth 817-632-8900		
System Name	Phone Number	Phone Number	
Trisha Thomason	trisha.thomason@fwretirement.org		
Report Contact Name (Please Print)	E-mail Address		

#### **BACKGROUND INFORMATION**

# December 2018 Last Plan Amendment Date 5 years Vesting Period Rule of 80, Age 65 & 5 yrs service or Civil Service police 25 Years Svc Normal Eligibility Requirements (Age + Service) Tier I Age 50 Tier II Age 55 Civil Service Police & Fire Age 50 Early Retirement Eligibility Requirements (Age + Service) Normal retirement rules DROP Eligibilty Requirements (Age + Service) None Minimum Benefit Maximum Benefit **MEMBERSHIP REPORT** 4/1/2021 Effective Date ..... 6,522 Active Members ..... Retirees and Beneficiaries ...... 4,788 1,361 Terminated ..... 12,671 Total Members .....

#### **FORMULAS AND BENEFITS**

Normal Retirement Benefit Formula
inal Average compensation (high 3 or high 5) nultiplied by the multiplier of 3.0% or 2.5% multiplied by the years of service. Differences in the multiplier &
Service-Related Disability Benefit Formula
Same as Normal except multipliers are 2.75% & 2.25%. Years of service used is projected to the members first
Service-Related Survivor Benefit Formula
75% of normal retirement for spouse (or children under 8 or dependent parent). Years of service used is projected to the member's first normal eligibility date.
Nonservice-Related Disability Benefit Formula
Same as Normal except multipliers are 2.75% & 2.25%. Member must be vested; actual years of service used.
Nonservice-Related Survivor Benefit Formula
75% of Non Duty Disability for spouse (or children under 18 or dependent parent) Member must have been

#### CERTIFICATION

==	,			
I hereby certify that the information provided above is complete and acc this form.	urate and that I am duly authorized by the pension system to complete			
Note: For e-mail submissions, by typing your name on the signature line below you are signing this document.				
Trisha Thomason	Trisha Thomason			
Authorizing Signature	Printed Name			
April 14, 2021				
Date				

## FINANCIAL STATEMENT REPORT

PRB-300

#### **RETIREMENT SYSTEM PROFILE**

Fort Worth Employees' Retirement Fund - City Plan	817-632-8900	
System Name	Phone Number	
Robert Hulme	Robert.Hulme@fwretirement.org	
Report Contact Name (Please Print)	E-mail Address	

#### **ANNUAL FINANCIAL REPORT**

# FINANCIAL BACKGROUND DATA

Cash and Cash Equivilents	<sub>4</sub> 182,174,035	09/30/2020
Receivables		Financial Statement Date (mm/dd/yyyy) 09/30/2020
Investments Valued at: Fair	(i.e. fair, book, market, etc.)	Fiscal Year End (mm/dd/yyyy)
Fixed Income	\$ 594,695,513	4.86_%
Equities	<u>\$</u> 964,287,096	1 Year Rate of Return (% Net of Fees) Eide Bailly
Real Estate	\$_231,727,659	Auditing Firm Name
Other Assets	\$ 530,798,954	Norther Trust
Total Assets	\$_2,707,179,490	Custodian Firm Name
Total Liabilities	<sub>\$</sub> 339,018,810	Investment Management Firm
Net Assets	\$ 2,368,160,680	Gabriel Roeder Smith & Company
		Actuarial Firm

# CERTIFICATION

I hereby certify that the information provided above is complete and accurate and that I am duly authorized by the pension system to complete this form.				
Note: For e-mail submissions, by typing your name on the signature line below you are signing this document.				
Delect Differen	P. L. (P.U.)			
Robert R Hulme	Robert R Hulme			
Authorizing Signature	Printed Name			
April 14, 2021  Date				



## INVESTMENT RETURNS AND ASSUMPTIONS REPORT

PRB-1000

Retirement System Profile

Fort Worth Employees' Retirement Fund	817-632-8900
System Name	Phone Number: (xxx) xxx-xxxx
Robert Hulme	Robert.Hulme@fwretirement.org
Report Contact Name (Please Print)	E-mail Address

## **Actual Rate of Return**

(Most Recent 10 Fiscal Years)

(MOSE RECEIPE TO FISCAL	,	T		
Fiscal Year End	Net Return	Gross Return	Gross Return Methodology	
(MM/DD/YYYY)	(Percent)	(Percent)	Not Net of	Net of
			Admin Expenses	Admin Expenses
09/30/2020	4.86%	5.20%	0	0
9/30/2019	3.03%	3.34%	•	0
9/30/2018	6.46%	6.79%	0	0
9/30/2017	12.20%	12.57%	0	0
9/30/2016	8.48%	8.87%	0	0
9/30/2015	-1.13%	77%	•	0
9/30/2014	8.20%	8.65%	•	0
9/30/2013	10.70%	11.10%	•	0
9/30/2012	12.95%	13.37%	•	0
9/30/2011	1.34%	1.73%	0	0

**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)

(Most Recent to Actualiar Valuations)				
Valuation Date	Assumed	Assumed Return Methodology		
(MM/DD/YYYY)	Return	Net All	Net Investment	Other
	(Percent)	Expenses	Fees Only	
12/31/2020	7.0%	0	0	0
12/31/2019	7.0%	0	0	0
12/31/2018	7.0%	0	0	0
12/31/2017	7.75%	0	0	0
12/31/2016	7.75%	0	<b>©</b>	0
12/31/2015	8.0%	•	0	0
12/31/2014	8.0%	•	0	0
12/31/2013	8.0%	0	0	0
12/31/2012	8.25%	0	0	0
12/31/2011	8.25%	0	0	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.



	LONG-TERI	M RATES OF RET	URN	PRB-1000
Annualized Ro	olling Rate of Re	turn Information	า	
				s of return requested in
the following sect	ion:			
☐ Arithmetic M	ean 🗵 Geometric N	lean (Time-Weighted	l Return) 🔲 Internal	Rate of Return
Most Recent	1-Year Period	3-Year Period	10-Year Period	30-Year or Since Inception Period
Rolling Gross	5.20%	5.10%	6.99%	8.20%
Rolling Net	4.86%	4.77%	6.61%	7.95%
*If the system's ince	eption date is less than	30 years from the repo	ort date, please enter th	e inception date:
Date of Inception	1		, , , , , , , , , , , , , , , , , , ,	
	, , , , ,			
RI	TURNS AND AS	SUMPTIONS – AI	DDITIONAL COMI	MENTS
			on or commentary the	at may help clarify
information provid	ded in the previous f	orm.		

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.



Please list any unavailable infection	ormation request	AVAILABLE INFORMATION PRB-1000 red in this form in the text box below, including an ble. Completion of this form fulfills the requirements
stated in Section 802.108 (c)	of Texas Governm	ent Code.
used; and that the retirement submission of the unavailable I certify that, as an official reppresented, I have the authoric	c system for which information if it  CE tresentative of the try to provide the tree information provid	ERTIFICATION  e retirement system for which this report is being requested information, and that I have verified, to the esented is complete, as far as indicated, and accurate.
Robert R Hulme	3/15/2021	Deputy Director - Inv. & Ops.
First Authorizing Signature	Date	Title of First Authorizer
817-632-8918		Robert.Hulme@fwretirement.org
First Authorizer Phone Number		First Authorizer Email
Ponita Falle Harner	2/15/2021	Executive Director
Benita Falls Harper Second Authorizing Signature	3/15/2021 Date	Title of Second Authorizer
	Date	
817-632-8900		Benita.Harper@fwretirement.org
Second Authorizer Phone Number	er	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.

# PUBLIC RETIREMENT SYSTEM **REGISTRATION FORM**

STATE PENSION REVIEW BOARD P.O. BOX 13498 **AUSTIN, TEXAS 78711** 512-475-8332



MAY 5 1986

		Year S	ystem created: 09-24-52	
Citation of statute, ordinance, or charter creating and governing system:				
address	city	zip	telephone number	
1000 Throckmorton	n Fort Worth, Te	exas 76102	(817) 870-6656	
•				
Name of system:	EMPLOYEES' RETIREMENT	FUND OF THE CITY (	OF FORT WORTH, TEXAS	

NAME	OCCUPATION Captain, Fire Department			
Mr. James B. Cox, Chairman				
Mr. Ralph Cates	Water Treatment Superintendent,			
	Water Department			
Mr. Rogers H. Conroy	Assistant Street Superintendent,			
	Transportation/Public Works			
Mr. William R. Otto	Personnel Administrator,			
	Personnel Department			
Mr. Robert T. Chessar	Police Officer, Police Departme			
Mr. Bert C. Williams	CLUDM, Equitable Life Assurance			
	Society and City Councilman			
Ms. Ruth Howard	City Secretary, Department of			
	City Secretary			
Mr. William R. Hardy	Retired, Assistant City Manager			
Mr. Richard C. Newkirk	Certified Public Accountant			
	and City Councilman			
·				
Board member died - vacancy has not been filled				

Note: Any changes in the above information should be reported within 31 days to the State Pension Review Board. 9/81

DATE	# MEMBERS	# RETIREES	TOTAL	DATE	# MEMBERS	# RETIREES	TOTAL
pr. 01, '86	5,110	1,977	7,087				
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Mariana de la Compania de Comp							
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