

**Report of Organizational Actions
Affecting Basis of Securities**

OMB No. 1545-0123

► See separate instructions.

Part I Reporting Issuer

1 Issuer's name		2 Issuer's employer identification number (EIN)	
DFA Global 60EQ-40FI Portfolio		N/A	
3 Name of contact for additional information	4 Telephone No. of contact	5 Email address of contact	
BRAD STEIMAN	604-685-1633	BRAD.STEIMAN@DIMENSIONAL.COM	
6 Number and street (or P.O. box if mail is not delivered to street address) of contact		7 City, town, or post office, state, and ZIP code of contact	
745 THURLOW STREET, SUITE 2110		VANCOUVER, BC, V6E 0C5	
8 Date of action		9 Classification and description	
SEE BELOW		PAID A "RETURN OF CAPITAL" DISTRIBUTION	
10 CUSIP number	11 Serial number(s)	12 Ticker symbol	13 Account number(s)
N/A	N/A	N/A	N/A

Part II Organizational Action Attach additional statements if needed. See back of form for additional questions.

14 Describe the organizational action and, if applicable, the date of the action or the date against which shareholders' ownership is measured for the action ►

RETURN OF CAPITAL AS PART OF DISTRIBUTION THAT OCCURRED ON DECEMBER 19, 2024

15 Describe the quantitative effect of the organizational action on the basis of the security in the hands of a U.S. taxpayer as an adjustment per share or as a percentage of old basis ►

THE REDUCTION OF A UNIT HOLDER'S COST BASIS IS AS FOLLOWS:

CLASS A: \$0.13672 PER UNIT

CLASS F: \$0.13473 PER UNIT

CLASS I: \$0.10764 PER UNIT

16 Describe the calculation of the change in basis and the data that supports the calculation, such as the market values of securities and the valuation dates ►

N/A

Part II Organizational Action (continued)**17** List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ►**IRC SECTIONS 301(C)(2), 312 AND 316****18** Can any resulting loss be recognized? ►**N/A****19** Provide any other information necessary to implement the adjustment, such as the reportable tax year ►**N/A****Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature ►

Date ►

Print your name ► **JOY LOPEZ**Title ► **VICE PRESIDENT****Paid
Preparer
Use Only**

Print/Type preparer's name

ROBERT MICHAEL TEPER

Preparer's signature

Date

3/26/2025Check ☐ if
self-employed

PTIN

P01431521Firm's name ► **ERNST & YOUNG LLP**

Firm's EIN ►

98-0092343Firm's address ► **100 Adelaide Street West, PO Box 1, Toronto, Ontario M5H 0B3, Canada**

Phone no.

416-864-1234

Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054