Form **8937**(December 2011) Department of the Treasury Internal Revenue Service

Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Part Reporting	ssuer							
1 Issuer's name		2 Issuer's employer identification number (EIN)						
DFA GLOBAL 50EQ-50FI P	PORTFOLIO	N/A						
3 Name of contact for add		4 Telephor	ne No, of contact	5 Email address of contact				
BRAD STEIMAN			604-685-1633	BRAD.STEIMAN@DIMENSIONAL.COM				
	P.O. box if mail is not	lelivered to street address) of contact		7 City, town, or post office, state, and Zip code of contact				
			·					
745 THURLOW STREET, S	UITE 2110	VANCOUVER, BC, V6E 0C5						
8 Date of action		9 Clas	sification and description	***************************************				
SEE BELOW		PAID A	"RETURN OF CAPITAL" D	ISTRIBUTION				
10 CUSIP number 11 Serial number(s		s)	12 Ticker symbol	13 Account number(s)				
N/A	N/A		N/A	N/A				
	nal Action Attach additional statements if needed. See							
· · · · · · · · · · · · · · · · · · ·			 :	ate against which shareholders' ownership is measured for				
the action ▶								
RETURN OF CAPITAL AS	PART OF DISTRIBU	TION THAT	OCCURRED ON DECEMBI	ER 20, 2016				
				22				
			<u> 19</u>					
		7.50.0						
		- 100						
	200							
15 Describe the quantital share or as a percental	_	nizational ac	tion on the basis of the secu	urity in the hands of a U.S. taxpayer as an adjustment per				
THE ADJUSTMENT TO A U	UNIT HOLDER'S CO	ST BASIS IS	AS FOLLOWS:					
CLASS A: \$0.07501 PER U				2				
CLASS F: \$0.14650 PER U	NIT							
				- 10° 2000				
304 T NAVE	- 62							
5907 M.S.				7.0				
	10:10							
16 Describe the calculativaluation dates ▶	ion of the change in b	asis and the	data that supports the calcu	ulation, such as the market values of securities and the				
N/A								
	-727	014001		CONTRACTOR OF THE STATE OF THE				
	2 300-33 328							
			· · · · · · · · · · · · · · · · · · ·					

Part I		Organizational Action (continued	d)						
					**				
17 Lis	st the	applicable Internal Revenue Code section	n(s) and subsection(s) upon whic	h the tax treatment is based >					
IRC SEC	CTION	S 301(C)(2), 312 AND 316		1140	2889				
		- 19 - 19 - 19 - 19 - 19 - 19 - 19 - 19			0.86				
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OLEVILI		W	11 75						
18 Ca	an any	resulting loss be recognized? ▶							
N/A									
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_			21/						
-									
_		9,37							
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			3672						
19 Pr	ovide	any other information necessary to impl	ement the adjustment, such as th	e reportable tax year >					
N/A			•						
									
		90.04							
St			20 1300 40 0.72						
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			the state of the s						
			.						
	Unde	r penalties of perjury, I declare that I have ex-	emined this return including accompa	mying schedules and statements	and to the heet of my knowledge, and				
	belief	It is true, correct, and complete. Declaration	of preparer (other than officer) is base	d on all information of which prepa	and to the best of my knowledge and are has any knowledge.				
Sign		Ne . W. 76.5							
Here									
	Print :	your name ► Gregory K. Hinkle		Title ► VP & C	FO				
Paid		Print/Type preparer's name	Preparer's signature	Date	Chack # PTIN				
		RADHIKA PATEL	Rodhila Ratel	03/31/2017	Check if P01442465				
Prepa Use C		Firm's name FRNST & YOUNG LL			Firm's EIN ▶ 98-0092343				
	/IIIY	Firm's address ► P.O. BOX 251, TD CE		ANADA, M5K 1J7	Phone no. 416-864-1234				
Send Fo	Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054								

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