Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ a single-employer plan
- ☐ a DFE (specify) ____

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☒ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
DIMENSIONAL FUND ADVISORS DEFERRED COMPENSATION AND PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1984

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
DIMENSIONAL INVESTMENT LLC

6300 BEE CAVE ROAD, BUILDING ONE
AUSTIN, TX 78746

2b Employer Identification Number (EIN) 27-1346874

2c Plan Sponsor's telephone number 512-306-7647

2d Business code (see instructions) 523900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	08/22/2017	AARON MARCUS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5 Total number of participants at the beginning of the plan year	**5**	1032
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	753
a(2) Total number of active participants at the end of the plan year	**6a(2)**	851
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	328
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1180
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f Total. Add lines **6d** and **6e**.	**6f**	1182
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1174
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 3B 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[ ]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2016** **This Form is Open to Public Inspection.**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan	**B** Three-digit plan number (PN) ▶	
DIMENSIONAL FUND ADVISORS DEFERRED COMPENSATION AND PROFIT SHARING PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500 DIMENSIONAL INVESTMENT LLC	**D** Employer Identification Number (EIN) 27-1346874	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions). . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

DIMENSIONAL

45-5614715

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55 37 15 99 50 64	RECORD KEEPER	4733	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
DIMENSIONAL FUND ADVISORS DEFERRED COMPENSATION AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DIMENSIONAL INVESTMENT LLC

D Employer Identification Number (EIN)
27-1346874

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1229872	1551564
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	115738923	146733778
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**		
	(2) Employer real property	**1d(2)**		
e	Buildings and other property used in plan operation	**1e**		
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	116968795	148285342
	Liabilities			
g	Benefit claims payable	**1g**		
h	Operating payables	**1h**		
i	Acquisition indebtedness	**1i**		
j	Other liabilities	**1j**		
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	116968795	148285342

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	**2a(1)(A)**	4046250	
	(B) Participants	**2a(1)(B)**	9082918	
	(C) Others (including rollovers)	**2a(1)(C)**	3760513	
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		16889681
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**		
	(B) U.S. Government securities	**2b(1)(B)**		
	(C) Corporate debt instruments	**2b(1)(C)**		
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**	89561	
	(F) Other	**2b(1)(F)**		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		89561
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**		
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	4334656	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		4334656
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**		
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		12158879
c Other income	2c		501
d Total income. Add all **income** amounts in column (b) and enter total	2d		33473278
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2151998	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2151998
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	4733	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		4733
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2156731
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		31316547
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PRICEWATERHOUSECOOPERS LLP **(2)** EIN: 13-4008324

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan
DIMENSIONAL FUND ADVISORS DEFERRED COMPENSATION AND PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
DIMENSIONAL INVESTMENT LLC

D Employer Identification Number (EIN)
27-1346874

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 45-5614715

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

Deferred Compensation and Profit Sharing Plan of Dimensional Fund Advisors

Financial Statements and Supplemental Schedule
December 31, 2016 and 2015

Deferred Compensation and Profit Sharing Plan of Dimensional Fund Advisors
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Supplemental Schedule*

Schedule H, line 4i - Schedule of Assets (Held at End of Year) (Modified Cash Basis) at December 31, 2016 10

***** Supplemental schedules required by the Employee Retirement Income Security Act of 1974 that are omitted are not applicable to the Deferred Compensation and Profit Sharing Plan of Dimensional Fund Advisors.



Report of Independent Auditors

To the Administrator of the
Deferred Compensation and Profit Sharing Plan of
Dimensional Fund Advisors

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Deferred Compensation and Profit Sharing Plan of Dimensional Fund Advisors (the "Plan"), which comprise the statements of net assets available for benefits (modified cash basis) as of December 31, 2016 and December 31, 2015, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the modified cash basis of accounting described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statement in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by DST Market Services LLC , the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2016 and December 31, 2015 and for the year ended December 31, 2016, that the information provided to the plan administrator by the trustee is complete and accurate.



Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on the financial statements.

Emphasis of Matter

As discussed in Note 2, the financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental Schedule H, Line 4i – Schedule of Assets (Held at Year End) (modified cash basis) as of December 31, 2016 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements (modified cash basis) and supplemental schedules (modified cash basis), other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PricewaterhouseCoopers LLP

August 17, 2017

Deferred Compensation and Profit Sharing Plan of Dimensional Fund Advisors

Statements of Net Assets Available for Benefits (Modified Cash Basis)

December 31, 2016 and 2015

	2016	2015
Assets		
Investments, at fair value		
Mutual funds	$ 146,733,776	$ 115,738,923
Total investments	146,733,776	115,738,923
Notes receivable from participants	1,551,564	1,229,872
Net assets available for benefits	$ 148,285,340	$ 116,968,795

The accompanying notes are an integral part of these financial statements.

Deferred Compensation and Profit Sharing Plan of Dimensional Fund Advisors

Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis)

Year Ended December 31, 2016

Additions to net assets		
Investment income		
Net appreciation in fair value of mutual funds	$	12,158,879
Interest and dividend income		4,335,647
Total investment income		16,494,526
Interest income on notes receivable from participants		89,561
Contributions		
Employee contributions		9,082,873
Employer contributions		4,045,803
Rollover contributions		3,760,513
Total contributions		16,889,189
Total additions		33,473,276
Deductions from net assets attributed to		
Distributions to participants or beneficiaries		(2,156,731)
Total deductions		(2,156,731)
Net increase in net assets available for benefits		31,316,545
Net assets available for benefits		
Beginning of year		116,968,795
End of year	$	148,285,340

The accompanying notes are an integral part of these financial statements.

1. Description of the Plan

The following is a brief description of the Deferred Compensation and Profit Sharing Plan of Dimensional Fund Advisors (the "Plan"). Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Dimensional Investment LLC (the "Company") who have 30 consecutive days of service and are age eighteen or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Trustee and Plan Administration

The Plan is administered by the Company's 401(k) committee. From January 1, 2015 through November 30, 2015, State Street Bank and Trust Company was the Plan's trustee and custodian. Effective December 1, 2015, DST Market Services, LLC replaced State Street Bank and Trust Company as the Plan's trustee and custodian. Dimensional Retirement Plan Services served as the Plan's record keeper for all of 2015 and 2016.

Contributions

Each year, participants may contribute up to 50 percent of pre-tax annual compensation, as defined in the Plan agreement. Participants may also contribute rollover distributions from other qualified defined benefit or defined contribution plans. Participants who are at least age 50 or who will attain age 50 before the end of a calendar year, may elect to defer additional amounts (called "catch-up contributions) to the Plan beginning in January of that year. The maximum catch-up contribution that participants could make to the Plan in 2016 was $6,000. The maximum catch-up contribution amount may increase annually for cost-of-living adjustments. Participants direct their contributions into various investment options offered by the Plan.

There are two different types of 401(k) contributions permitted under the Plan - pre-tax 401(k) contributions and Roth 401(k) contributions. Participants may make either or both types of contributions during the year, provided the total amount of combined pre-tax 401(k) contributions and Roth 401(k) contributions does not exceed any Plan imposed limitation or the IRS maximum deferral limit for that year.

The Plan includes an auto enrollment feature enrolling employees at a 3% pre-tax elective deferral contribution rate beginning with their first eligible deferral period unless the employees opt out of the auto enrollment or make a contribution rate election. Additionally, the Plan offers an automatic increase of 1% to the pre-tax elective deferral contribution rate at the beginning of each plan year until the participant has reached a combined pre-tax and after tax rate of 6%.

The Company makes safe harbor matching contributions to the Plan. For any Plan Year in which the Company elects to make this type of contribution, it will be an amount equal to at least 100% of participants' elective deferrals up to 1% of compensation plus 50% of elective deferrals from 2% to 6% of compensation.

The Company may also make other contributions to the Plan in the form of discretionary matching contributions and discretionary profit sharing contributions. Making discretionary contributions for any Plan Year is entirely discretionary on the Company's part, as is the amount of any such contributions the Company may decide to make. During 2016 the Company elected to make discretionary matching contributions above the safe harbor matching contribution equal to 25% of

elective deferrals from 6% to 8% of compensation. There were no discretionary profit sharing contributions made to the Plan in 2016.

Participant Accounts
Each participant's account is credited with the participant's contribution and their allocation of the Company's contribution and Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Plan Expenses
All administrative expenses are paid by the Company and, therefore, are not a cost of the Plan.

Vesting
Participant and employer contributions and income thereon are fully vested at all times.

Notes Receivable from Participants
Participants may borrow funds from their accounts, with a minimum loan of $1,000 up to a maximum loan equal to the lesser of $50,000 or 50 percent of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates that are commensurate with the rate which lending institutions would charge under similar circumstances. At December 31, 2016, loans bore interest at rates ranging between 4.25% and 6.25% and are due at various dates through June 6, 2045. Principal and interest are paid ratably through monthly payroll deductions. Participants may have a maximum of 1 loan outstanding at any time. The loan term may not exceed 5 years, except that any loan used to purchase a principal residence may be repaid over a 30-year period.

Payment of Benefits
Upon termination of service due to death, disability, or retirement, an election can be made to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or annual installments over a specified period of time. Participants may also transfer or rollover funds to another active employer's trust or a direct rollover to an established IRA. For termination of service for other reasons, a participant may elect to receive the value of the vested interest in his or her account as a lump-sum distribution. In case of a premature distribution, the required tax withholding applies.

Risks and Uncertainties
The Plan invests in various securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the accompanying statements of net assets available for benefits. Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults, and credit rating downgrades.

2. Summary of Significant Accounting Policies

Basis of Accounting
The Plan’s financial statements are prepared on the modified cash basis of accounting. Accordingly, as described below, certain income and deduction amounts are recorded when received or paid.

Use of Estimates
The preparation of financial statements, in conformity with the modified cash basis of accounting, requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value. Quoted market prices at December 31 are used to value investments. Shares of registered mutual funds are valued at the net asset value of shares held by the Plan at year end. See Note 3 for a discussion of fair value measurements.

The Plan presents in the statement of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains and losses and the unrealized appreciation (depreciation) on those investments.

Purchases and sales of securities are recorded on a settlement date basis. Dividends and interest income are recorded on receipt.

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Defaulted notes receivable from participants are reclassified as distributions based upon the terms of the Plan document.

Contributions and Benefits
Contributions and rollovers-in are recognized when received by the Plan. Benefits are recorded when paid.

Recently Issued Accounting Standards
Plan Investment Disclosures – In July 2015 the Financial Accounting Standards Board (FASB) issued Accounting Standards Update 2015-12 which simplifies the investment disclosure requirements under Topic 820, 960, 962, and 965 for employee benefit plans. This guidance is effective for fiscal years beginning after December 15, 2015. The Company chose to early adopt this guidance effective for the fiscal year beginning on January 1, 2015.

3. Fair Value Measurements

FASB Accounting Standards Codification ("ASC") 820, Fair Value Measurements and Disclosures, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This standard clarifies the definition of fair value for financial reporting, establishes a framework for measuring fair value and requires additional disclosures about the use of fair value measurements. The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 Inputs that reflect unadjusted quoted prices in active markets for identical assets that the Plan has the ability to access;

Level 2 Inputs other than quoted prices that are observable for the asset or liability either directly or indirectly, including inputs in markets that are not considered to be active;

Level 3 Inputs that are unobservable.

The valuation methods described in Note 2 may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the plan

believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There have been no changes in the Plan's valuation methodologies used at December 31, 2016 and 2015.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2016, and 2015.

1. Mutual funds. Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments as of December 31, 2016 and 2015:

	December 31, 2016			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	$146,733,776	-	-	146,733,776
Total investments, at fair value	$146,733,776	$ -	$ -	$146,733,776

	December 31, 2015			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	$115,738,923	-	-	115,738,923
Total investments, at fair value	$115,738,923	$ -	$ -	$115,738,923

4. Information Certified by the Trustee

Certain information included in the financial statements and supplemental schedule is based on information certified by State Street Bank and Trust Company and DST Market Services LLC, the Plan's Trustees as described in Note 1 and was not audited. This information is as follows:

- Investments at fair value of $146,733,776 at December 31, 2016 and $115,738,923 at December 31, 2015;
- Interest and dividend income for the period from January 1, 2016 to December 31, 2016 of $4,335,647;
- Interest income on notes receivable from participants for the period from January 1, 2016 to December 31, 2016 of $89,561;
- Notes receivable from participants of $1,551,564 at December 31, 2016 and $1,229,872 at December 31, 2015;

- Net appreciation in fair value of investments for the period from January 1, 2016 to December 31, 2016 of $12,158,879;
- All amounts enumerated in the supplemental schedule of assets (held at end of year), and
- The 2016 and 2015 investment amounts in Note 3.

5. Party-in-Interest Transactions

The Company is a party-in-interest under the guidelines of ERISA. It provides services at no cost to the Plan. As of December 31, 2016 and 2015, many of the plan investments are shares of investment products managed by affiliates of the Company. Affiliates of the Company receive management fees for managing the funds. These transactions qualify as party-in-interest transactions for which a statutory exemption exists. In addition, the Company pays administrative fees on behalf of the Plan. Notes receivable from participants qualify as party-in-interest transactions. The trustee and recordkeeping services provided by Dimensional Retirement Plan Services, an affiliate of the Company, State Street Bank and Trust Company, and DST Market Services, LLC, as described in Note 1, qualify as party-in-interest transactions as well.

6. Plan Termination

Although the Company has not expressed any intent to terminate the Plan, it may do so at any time. Upon the termination of the Plan, participants shall be entitled to receive total distribution of their participant accounts in accordance with the provisions of the termination agreement and ERISA.

7. Tax Status

The Company adopted a Prototype Standardized Profit Sharing Plan which received a favorable opinion letter from the Internal Revenue Service ("IRS") on March 31, 2008 which stated that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The plan administrator has analyzed the tax positions by the plan, and has concluded that as of December 31, 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2013.

8. Subsequent Events

For the year ended December 31, 2016, subsequent events were evaluated through August 17, 2017, the date the financial statements were available to be issued.

Supplemental Schedule

Deferred Compensation and Profit Sharing Plan of Dimensional Fund Advisors

Schedule H, Line 4i - Schedule of Assets (Held at End of Year) Modified Cash Basis

EIN: 30-0447847 PN: 001

December 31, 2016

(a)	(b) Identity of Issue , Borrower, Lessor or Similar Party	(c) Description of Investment, including Maturity Date, Rate of Interest, Collateral , Par or Maturity Value	(d) Cost **	(e) Current Value
*	DFA Emerging Markets Small Cap Portfolio	Mutual Fund		$ 2,579,470
*	DFA Large Cap International Portfolio	Mutual Fund		804,018
*	DFA Investment Grade Portfolio	Mutual Fund		1,059,091
*	DFA Emerging Markets Core Equity Portfolio	Mutual Fund		4,564,282
*	DFA Emerging Markets Portfolio	Mutual Fund		1,147,475
*	DFA U.S. Core Equity I Portfolio	Mutual Fund		5,023,853
*	DFA Emerging Markets Value Portfolio	Mutual Fund		4,518,492
*	DFA U.S. Targeted Value Inst Portfolio	Mutual Fund		1,364,199
*	DFA Five Year Global Fixed Income Portfolio	Mutual Fund		1,852,087
*	DFA International Core Equity Portfolio	Mutual Fund		7,109,309
*	DFA Intermediate Government Fixed Income Portfolio	Mutual Fund		1,145,645
*	DFA One Year Fixed Income Portfolio	Mutual Fund		3,750,736
*	DFA International Small Company Portfolio	Mutual Fund		2,768,408
*	DFA International Real Estate Securities Portfolio	Mutual Fund		1,525,924
*	DFA U.S. Core Equity II Portfolio	Mutual Fund		10,727,664
*	DFA Real Estate Securities Portfolio	Mutual Fund		3,353,683
*	DFA U.S. Micro Cap Portfolio	Mutual Fund		9,695,467
*	DFA Selectively Hedged Global FI Portfolio	Mutual Fund		640,144
*	DFA U.S. Sustainability Core 1 Portfolio	Mutual Fund		272,878
*	DFA International Sustainability Core 1 Portfolio	Mutual Fund		162,529
*	DFA U.S. Small Cap Portfolio	Mutual Fund		2,137,540
*	DFA U.S. Small Cap Value Portfolio	Mutual Fund		14,155,900
*	DFA U.S. Large Company Portfolio	Mutual Fund		3,432,367
*	DFA U.S. Vector Equity Portfolio	Mutual Fund		2,268,768
*	DFA Global Equity Inst Portfolio	Mutual Fund		15,920,003
*	DFA Global Alloc 60/40 Inst Portfolio	Mutual Fund		7,038,078
*	DFA Global Alloc 25/75 Inst Portfolio	Mutual Fund		4,913,860
*	DFA Inflation Protected Sec I Portfolio	Mutual Fund		1,739,014
*	DFA International Small Cap Value Portfolio	Mutual Fund		6,506,895
*	DFA World Ex US Core Equity Portfolio	Mutual Fund		1,048,765
*	DFA U.S. Large Cap Growth Portfolio	Mutual Fund		879,125
*	DFA U.S. Small Cap Growth Portfolio	Mutual Fund		290,670
*	DFA International Small Cap Growth Portfolio	Mutual Fund		105,231
*	DFA International Large Cap Growth Portfolio	Mutual Fund		126,584
*	DFA U.S. Large Cap Value Portfolio	Mutual Fund		7,099,293
*	DFA International Value Portfolio	Mutual Fund		2,270,279
*	DFA Short Duration Real Return Portfolio	Mutual Fund		121,269
	TIAA-CREF Large-Cap GR IDX INS	Mutual Fund		303,412
	Fidelity Spartan International IDX INV	Mutual Fund		21,324
	Vanguard Total Bond Market Index Admiral	Mutual Fund		54,245
	Vanguard Total Stock Market Index Admiral	Mutual Fund		126,113
*	Dimensional Retirement Income Fund	Mutual Fund		13,453
*	2005 Dimensional Target Date Retirement Income Fund	Mutual Fund		15,292
*	2015 Dimensional Target Date Retirement Income Fund	Mutual Fund		776,877
*	2020 Dimensional Target Date Retirement Income Fund	Mutual Fund		160,063
*	2025 Dimensional Target Date Retirement Income Fund	Mutual Fund		1,298,954
*	2030 Dimensional Target Date Retirement Income Fund	Mutual Fund		1,397,853
*	2035 Dimensional Target Date Retirement Income Fund	Mutual Fund		1,592,323
*	2040 Dimensional Target Date Retirement Income Fund	Mutual Fund		970,157
*	2045 Dimensional Target Date Retirement Income Fund	Mutual Fund		2,790,825
*	2050 Dimensional Target Date Retirement Income Fund	Mutual Fund		1,665,315
*	2055 Dimensional Target Date Retirement Income Fund	Mutual Fund		332,469
*	2060 Dimensional Target Date Retirement Income Fund	Mutual Fund		110,989
	Vanguard Total World Stock Index	Mutual Fund		91,724
	SSGA State Street Us Gov Class P	Mutual Fund		893,393
*	Notes receivable from participants	Loan terms from 1 1/2 months to 30 years; interest rates 4.25% to 6.25%, collateralized by the participants account balance		1,551,564
				$ 148,285,340

Information certified as complete and accurate by DST Market Services, LLC.

* A party-in-interest for which a statutory exemption exists.

** All investments are participant-directed; therefore, disclosure of cost is not required.

Schedule H, Line 4i

Schedule of Assets (Held At End of Year)

Name of Plan: Dimensional Fund Advisors Deferred Compensation And Profit Sharing Plan

►

Employer Identification Number:►	27-1346874		
For plan year (beginning/ending):►	01/01/2016-12/31/2016	Plan number:	001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	DFA EMERGING MARKETS SMALL CAP	MUTUAL FUND		2,579,470
	DFA LARGE CAP INTERNATIONAL	MUTUAL FUND		804,018
	DFA INVESTMENT GRADE	MUTUAL FUND		1,059,091
	DFA EMERGING MARKETS CORE EQUITY	MUTUAL FUND		4,564,282
	DFA EMERGING MARKETS	MUTUAL FUND		1,147,475
	DFA US CORE EQUITY 1	MUTUAL FUND		5,023,853
	DFA EMERGING MARKETS VALUE	MUTUAL FUND		4,518,492
	DFA US TARGETED VALUE	MUTUAL FUND		1,364,199
	DFA FIVE-YEAR GLOBAL FIXED INCOME	MUTUAL FUND		1,852,087
	DFA INTERNATIONAL CORE EQUITY	MUTUAL FUND		7,109,309
	DFA INTERMEDIATE GOVERNMENT FIXED I	MUTUAL FUND		1,145,645
	DFA ONE-YEAR FIXED INCOME	MUTUAL FUND		3,750,736
	DFA INTERNATIONAL SMALL COMPANY	MUTUAL FUND		2,768,408
	DFA INTERNATIONAL REAL ESTATE SECUR	MUTUAL FUND		1,525,924
	DFA US CORE EQUITY 2	MUTUAL FUND		10,727,664
	DFA REAL ESTATE SECURITIES	MUTUAL FUND		3,353,683
	DFA US MICRO CAP	MUTUAL FUND		9,695,467
	DFA SELECTIVELY HEDGED GLOBAL FIXED	MUTUAL FUND		640,144
	DFA US SUSTAINABILITY CORE 1	MUTUAL FUND		272,878
	DFA INTERNATIONAL SUSTAINABILITY CO	MUTUAL FUND		162,529
	DFA US SMALL CAP	MUTUAL FUND		2,137,540
	DFA US SMALL CAP VALUE	MUTUAL FUND		14,155,900
	DFA US LARGE COMPANY	MUTUAL FUND		3,432,367
	DFA US VECTOR EQUITY	MUTUAL FUND		2,268,768
	DFA GLOBAL EQUITY	MUTUAL FUND		15,920,003

	DFA GLOBAL ALLOCATION 60/40	MUTUAL FUND		7,038,078
	DFA GLOBAL ALLOCATION 25/75	MUTUAL FUND		4,913,860
	DFA INFLATION-PROTECTED SECURITIES	MUTUAL FUND		1,739,014
	DFA INTERNATIONAL SMALL CAP VALUE	MUTUAL FUND		6,506,895
	DFA WORLD EX US CORE EQUITY	MUTUAL FUND		1,048,765
	DFA US LARGE CAP GROWTH PORTFOLIO	MUTUAL FUND		879,125
	DFA US SMALL CAP GROWTH PORTFOLIO	MUTUAL FUND		290,670
	DFA INTERNATIONAL SMALL CAP GROWTH	MUTUAL FUND		105,231
	DFA INTERNATIONAL LARGE CAP GROWTH	MUTUAL FUND		126,584
	DFA US LARGE CAP VALUE III	MUTUAL FUND		7,099,293
	DFA INTERNATIONAL VALUE III	MUTUAL FUND		2,270,279
	TIAA-CREF LARGE CAP GROWTH INDEX	MUTUAL FUND		303,412
	FIDELITY SPARTAN INTERNATIONAL INDE	MUTUAL FUND		21,324
	DFA SHORT DURATION REAL RETURN PORT	MUTUAL FUND		121,269
	VANGUARD TOTAL BOND MKT INDEX ADMIR	MUTUAL FUND		54,245
	VANGUARD TOTAL STOCKMARKET INDEX AD	MUTUAL FUND		126,113
	DIMENSIONAL RETIREMENT INCOME FUND	MUTUAL FUND		13,453
	2005 DFA TARGET DATE RET. INCOME F	MUTUAL FUND		15,293
	2015 DFA TARGET DATE RET. INCOME F	MUTUAL FUND		776,877
	2020 DFA TARGET DATE RET. INCOME F	MUTUAL FUND		160,063
	2025 DFA TARGET DATE RET. INCOME F	MUTUAL FUND		1,298,954
	2030 DFA TARGET DATE RET. INCOME F	MUTUAL FUND		1,397,853
	2035 DFA TARGET DATE RET. INCOME F	MUTUAL FUND		1,592,323
	2040 DFA TARGET DATE RET. INCOME F	MUTUAL FUND		970,157
	2045 DFA TARGET DATE RET. INCOME F	MUTUAL FUND		2,790,825
	2050 DFA TARGET DATE RET. INCOME F	MUTUAL FUND		1,665,315
	2055 DFA TARGET DATE RET. INCOME F	MUTUAL FUND		332,469
	2060 DFA TARGET DATE RET. INCOME F	MUTUAL FUND		110,989
	VANGUARD TOTAL WRLD STK INDEX	MUTUAL FUND		91,724
	SSGA STATE STREET US GOV CLASS P	MUTUAL FUND		893,393
	PARTICIPANT LOANS	LOW-HIGH INTEREST RATE 4.25%-6.25%		1,551,564