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

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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.)
- [X] 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:
- [X] 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 512-306-7400

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.	09/08/2021	ROBYN ALCORTA
	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

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1629
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)**	1166
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1130
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	475
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	1605
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	5
f	Total. Add lines **6d** and **6e**	**6f**	1610
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1599
h	Number of participants who 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

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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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 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).. . . . . [X] 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

CHARLES SCHWAB & CO, INC. AND AFFLI

94-1737782

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

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

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

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

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

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

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

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

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

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

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

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 ☐

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)

Department of the Treasury
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

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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)	2767423	1624060
(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)	1658676	1954392
(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)	232922205	271294688
(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	237348304	274873140
	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	237348304	274873140

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)	6391981	
	(B) Participants	2a(1)(B)	14872003	
	(C) Others (including rollovers)	2a(1)(C)	4182092	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		25446076
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9492	
	(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)	120424	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		129916
	(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)	5509050	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5509050
	(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)		19811631
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		50896673
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13357748	
(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)		13357748
f Corrective distributions (see instructions)	2f		12414
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	200	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1475	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1675
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13371837
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		37524836
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) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [X] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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	

			Yes	No	Amount
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	
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**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

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

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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): 82-3967259

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 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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation_____

Deferred Compensation and Profit Sharing Plan of Dimensional Fund Advisors

Financial Statements and Supplemental Schedule
December 31, 2020 and 2019

Deferred Compensation and Profit Sharing Plan of Dimensional Fund Advisors
Index

Page(s)

Independent Auditor's Report.....1-2

Financial Statements

Statements of Net Assets Available for Benefits (Modified Cash Basis) at December 31, 2020 and 2019.....3

Statement of Changes in Net Assets Available for Benefits (Modified Cash Basis) for the Year Ended December 31, 2020.....4

Notes to Financial Statements (Modified Cash Basis) at December 31, 2020 and 2019.....5–9

Supplemental Schedule*

Schedule H, line 4i - Schedule of Assets (Held at End of Year) (Modified Cash Basis) at December 31, 2020.....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, 2020 and December 31, 2019, and the related statement of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2020, 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 UMB Bank N.A. and Charles Schwab Bank, the trustees 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 Charles Schwab Bank held the Plan's investment assets and executed investment transactions as of December 31, 2020 and for the period from November 19, 2019 to December 31, 2020, and that UMB Bank N.A. held the Plan's investment assets and executed investment transactions as of December 31, 2019 and for the period from January 1, 2019 to November 18, 2019. The plan administrator has obtained certifications from the trustees as of December 31, 2020 and December 31, 2019 and for the year ended December 31, 2020, that the information provided to the plan administrator by the trustees 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.

Basis of Accounting

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 disclaimer of 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, 2020 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 is presented for the purpose of additional analysis and is 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 this supplemental schedule.

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 schedule (modified cash basis), other than that derived from the information certified by the trustees, 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.



Houston, Texas
September 2, 2021

Deferred Compensation and Profit Sharing Plan of Dimensional Fund Advisors

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

December 31, 2020 and 2019

	2020	2019
Assets		
Investments, at fair value		
Mutual funds	$ 272,918,748	$ 235,689,628
Total investments	272,918,748	235,689,628
Notes receivable from participants	1,954,392	1,658,676
Net assets available for benefits	$ 274,873,140	$ 237,348,304

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, 2020

Investment income		
Net appreciation in fair value of mutual funds	$	19,811,631
Interest and dividend income		5,518,542
Total investment income		25,330,173
Interest income on notes receivable from participants		120,424
Contributions		
Employee contributions		14,872,003
Employer contributions		6,391,981
Rollover contributions		4,182,092
Total contributions		25,446,076
Total additions		50,896,673
Deductions from net assets attributed to		
Distributions to participants or beneficiaries		(13,371,837)
Total deductions		(13,371,837)
Net increase in net assets available for benefits		37,524,836
Net assets available for benefits		
Beginning of year		237,348,304
End of year	$	274,873,140

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. UMB Bank, N.A. served as the Plan's trustee and custodian for all of 2018 through November 18, 2019. Charles Schwab Bank continued as the Plan's trustee and custodian for the remainder of 2019 and all of 2020. Dimensional Retirement Plan Services served as the Plan's record keeper for all of 2018 through November 18, 2019. Schwab Retirement Plan Services, Inc. continued as the Plan's record keeper for the remainder of 2019 and all of 2020.

Contributions

Each year, participants may contribute up to 50 percent of pre-tax annual compensation, as defined in the Plan agreement not to go beyond $19,500 in 2020 and $19,000 in 2019. 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 was $6,500 in 2020 and $6,000 in 2019. 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 the IRS maximum deferral limit for that year.

The Plan includes an auto enrollment feature enrolling employees at a 4% 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 2% 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 deferral contribution rate of 8%.

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 2020 the Company elected to make discretionary matching contributions above the safe harbor matching contribution equal to 25% of

elective deferrals from 7% to 8% of compensation. There were no discretionary profit sharing contributions made to the Plan in 2020.

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, 2020, loans bore interest at rates ranging between 4.25% and 6.50% and are due at various dates through April 15, 2050. Principal and interest are paid rateably 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 (age 59 ½), 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. Terminated 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 and penalty 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.

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, 2020 and 2019.

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, 2020, and 2019.

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, 2020 and 2019:

	December 31, 2020			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	$272,918,748	-	-	272,918,748
Total investments, at fair value	$272,918,748	$ -	$ -	$272,918,748

	December 31, 2019			
	Level 1	**Level 2**	**Level 3**	**Total**
Mutual funds	$235,689,628	-	-	235,689,628
Total investments, at fair value	$235,689,628	$ -	$ -	$235,689,628

4. Information Certified by the Trustee

Certain information included in the financial statements and supplemental schedule is based on information certified by UMB Bank, N.A. and Charles Schwab Bank, the Plan's Trustee, as described in Note 1 and was not audited. This information is as follows:

- Investments at fair value of $272,918,748 at December 31, 2020 and $235,689,628 at December 31, 2019;
- Interest and dividend income for the period from January 1, 2020 to December 31, 2020 of $5,518,542;
- Interest income on notes receivable from participants for the period from January 1, 2020 to December 31, 2020 of $120,424;
- Notes receivable from participants of $1,954,392 at December 31, 2020 and $1,658,676 at December 31, 2019;
- Net appreciation in fair value of investments for the period from January 1, 2020 to December 31, 2020 of $19,811,631;
- All amounts enumerated in the supplemental schedule of assets (held at end of year), and
- The 2020 and 2019 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, 2020, and 2019, 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, UMB Bank N.A., Charles Schwab Bank, and Schwab Retirement Plan Services, Inc. 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 favourable 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, 2020, 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 2017.

8. Subsequent Events

For the year ended December 31, 2020, subsequent events were evaluated through September 2, 2021, 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, 2020

(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 ASIA PACIFIC SMALL CO	Mutual Fund		$ 14,473
*	DFA COMMODITY STRATEGY	Mutual Fund		$ 46,512
*	DFA CONTINENTAL SMALL COMPANY	Mutual Fund		$ 4,374
*	DFA DIVERSIFIED FIXED INC INST	Mutual Fund		$ 451,049
*	DFA EMERG MKTS SUST COR INSTL	Mutual Fund		$ 649,563
*	DFA EMERGING MARKETS	Mutual Fund		$ 2,398,624
*	DFA EMERGING MARKETS CORE EQ	Mutual Fund		$ 7,726,159
*	DFA EMERGING MARKETS SM CAP	Mutual Fund		$ 3,999,275
*	DFA EMERGING MARKETS VALUE	Mutual Fund		$ 5,569,975
*	DFA EMERGING SOCIAL CORT PORT	Mutual Fund		$ 85,889
*	DFA EMRG MKTS TGT VALUE PORT	Mutual Fund		$ 278,368
*	DFA ENHANCED U.S. LARGE CO	Mutual Fund		$ 592,874
*	DFA FIVE YEAR GLOB FIXED INC	Mutual Fund		$ 2,557,606
*	DFA GLBL CORE PLUS FIXED INC I	Mutual Fund		$ 767,733
*	DFA GLBL SUS FIXED INCOME INST	Mutual Fund		$ 476,188
*	DFA GLOBAL ALLOC 25/75 INST	Mutual Fund		$ 7,055,891
*	DFA GLOBAL ALLOC 60/40 INST	Mutual Fund		$ 9,037,928
*	DFA GLOBAL EQUITY INSTL	Mutual Fund		$ 25,792,730
*	DFA GLOBAL REAL ESTATE SEC	Mutual Fund		$ 490,030
*	DFA GLOBAL SMALL COMPANY INSTL	Mutual Fund		$ 180,314
*	DFA INFLATION PROTECTED SEC I	Mutual Fund		$ 2,260,282
*	DFA INTERMED GOVT FIXED INCOME	Mutual Fund		$ 1,821,253
*	DFA INTERMEDIATETERM EXT QLTYI	Mutual Fund		$ 20,244
*	DFA INTERNATIONAL VALUE III	Mutual Fund		$ 2,611,208
*	DFA INTL CORE EQUITY	Mutual Fund		$ 11,347,247
*	DFA INTL HI RELATV PRO INSTL	Mutual Fund		$ 548,987
*	DFA INTL LARGE CAP GR INSTL	Mutual Fund		$ 287,259
*	DFA INTL REAL EST SEC PORT	Mutual Fund		$ 1,603,094
*	DFA INTL SMALL CAP VALUE	Mutual Fund		$ 7,895,447
*	DFA INTL SMALL COMPANY	Mutual Fund		$ 3,518,311
*	DFA INTL SMCP GRTH INSTL	Mutual Fund		$ 387,675
*	DFA INTL SOCIAL CORE EQ INSTL	Mutual Fund		$ 81,541
*	DFA INTL SUSTAINABILITY CORE 1	Mutual Fund		$ 1,880,617
*	DFA INTL VECTOR EQTY PORT I	Mutual Fund		$ 407,098
*	DFA INVESTMENT GRADE CL I	Mutual Fund		$ 2,157,752
*	DFA JAPANESE SMALL COMPANY	Mutual Fund		$ 16,384
*	DFA LARGE CAP INTERNATIONAL	Mutual Fund		$ 1,068,125
*	DFA LTIP PORTFOLIO INSTL	Mutual Fund		$ 188,515
*	DFA ONE YEAR FIXED INCOME	Mutual Fund		$ 5,638,161
*	DFA REAL ESTATE SECURITIES	Mutual Fund		$ 4,283,333
*	DFA SEL HEDGED GLOBL EQTY I	Mutual Fund		$ 264,676
*	DFA SELECTIVELY HEDGD GLOBL FI	Mutual Fund		$ 894,861
*	DFA SHORT DURATION REAL RETURN	Mutual Fund		$ 255,680
*	DFA SHORT-TERM GOVERNMENT I	Mutual Fund		$ 391,637
*	DFA SOCIAL FIXED INCOME INSTL	Mutual Fund		$ 29,163
*	DFA ST EXTENDED QUALITY INSTL	Mutual Fund		$ 188,151

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, 2020

*	DFA TARGETED CREDIT PORT INSTL	Mutual Fund	$	85,681
*	DFA TWO YR GLOBAL FIXED INCOME	Mutual Fund	$	46,744
*	DFA U.S. CORE EQUITY I	Mutual Fund	$	8,628,272
*	DFA U.S. CORE EQUITY II	Mutual Fund	$	17,717,351
*	DFA U.S. TARGETED VALUE CL I	Mutual Fund	$	1,972,248
*	DFA U.S. VECTOR EQUITY	Mutual Fund	$	5,112,522
*	DFA UNITED KINGDOM SMALL CO	Mutual Fund	$	4,402
*	DFA US HIGH RELATV PORT INSTL	Mutual Fund	$	1,042,094
*	DFA US LARGE CAP EQUITY INSTL	Mutual Fund	$	52,491
*	DFA US LARGE CAP VALUE III	Mutual Fund	$	8,026,231
*	DFA US LARGE COMPANY	Mutual Fund	$	7,609,780
*	DFA US LRG CAP GRTH INSTL	Mutual Fund	$	2,977,851
*	DFA US MICRO CAP	Mutual Fund	$	11,004,145
*	DFA US SMALL CAP	Mutual Fund	$	3,317,830
*	DFA US SMALL CAP VALUE PORT	Mutual Fund	$	16,024,537
*	DFA US SMCAP GRTH INSTL	Mutual Fund	$	1,287,476
*	DFA US SOCIAL CORE EQTY2 PORT	Mutual Fund	$	355,012
*	DFA US SUSTAINABILITY CORE 1	Mutual Fund	$	4,079,376
*	DFA WORL EX US GOVT FIX IN I	Mutual Fund	$	71,694
*	DFA WORLD CORE EQUITY INSTL	Mutual Fund	$	710,440
*	DFA WORLD EX US CORE EQTY INST	Mutual Fund	$	2,664,427
*	DFA WORLD EX US VALUE PORT I	Mutual Fund	$	97,091
*	DFA WRLD EX US TARGETED VAL IN	Mutual Fund	$	216,475
*	DIMENSIONAL 2010 TARGET INSTL	Mutual Fund	$	720
*	DIMENSIONAL 2015 TARGET INSTL	Mutual Fund	$	733,423
*	DIMENSIONAL 2020 TGT DT INSTL	Mutual Fund	$	1,770,465
*	DIMENSIONAL 2025 TGT DT INSTL	Mutual Fund	$	3,363,956
*	DIMENSIONAL 2030 TGT DT INSTL	Mutual Fund	$	3,298,412
*	DIMENSIONAL 2035 TGT DT INSTL	Mutual Fund	$	7,210,358
*	DIMENSIONAL 2040 TGT DT INSTL	Mutual Fund	$	7,692,342
*	DIMENSIONAL 2045 TGT DT INSTL	Mutual Fund	$	8,819,272
*	DIMENSIONAL 2050 TGT DT INSTL	Mutual Fund	$	4,623,744
*	DIMENSIONAL 2055 TARGET INSTL	Mutual Fund	$	4,597,775
*	DIMENSIONAL 2060 TARGET INSTL	Mutual Fund	$	5,555,423
*	DIMENSIONAL 2065 TARGET INSTL	Mutual Fund	$	825,164
*	DIMENSIONAL RET INCOME INSTL	Mutual Fund	$	317,564
	FIDELITY INTERNATIONAL INDEX	Mutual Fund	$	386,489
	TIAA-CREF LARGE-CAP GR IDX INS	Mutual Fund	$	2,907,653
	VANGUARD BALANCED INDEX ADM	Mutual Fund	$	573,825
	VANGUARD FED MONEY MARKET FUND	Mutual Fund	$	1,624,060
	VANGUARD LIFE STRATEGY INCOME	Mutual Fund	$	13,033
	VANGUARD TOT STK MKT IDX ADMRL	Mutual Fund	$	5,027,568
	VANGUARD TTL BOND MKT IDX ADM	Mutual Fund	$	1,018,678
	VANGUARD TTL WLDSTK INDEX ADM	Mutual Fund	$	1,232,398
*	PARTICIPANT LOANS	Loan terms from 8 months to 30 years; interest rates 4.25% to 6.50%, collateralized by the participants account balance	$	1,954,392
	Subtotal		$	274,873,140

Information certified as complete and accurate by Charles Schwab Bank.

* 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 SPONSOR: Dimensional Investment LLC
NAME OF PLAN: Dimensional Fund Advisors Deferred Compensation and Profit Sharing Plan
EIN: 27-1346874
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
*	PARTICIPANT LOANS	Loans (4.25% - 6.50%)		1,954,392
	VANGUARD FED MONEY MARKET FUND	Money Market / Cash Equivalent		1,624,060
	DFA ASIA PACIFIC SMALL CO	Registered Investment Company		14,473
	DFA COMMODITY STRATEGY	Registered Investment Company		46,512
	DFA CONTINENTAL SMALL COMPANY	Registered Investment Company		4,374
	DFA DIVERSIFIED FIXED INC INST	Registered Investment Company		451,049
	DFA EMERG MKTS SUST COR INSTL	Registered Investment Company		649,563
	DFA EMERGING MARKETS	Registered Investment Company		2,398,624
	DFA EMERGING MARKETS CORE EQ	Registered Investment Company		7,726,159
	DFA EMERGING MARKETS SM CAP	Registered Investment Company		3,999,275
	DFA EMERGING MARKETS VALUE	Registered Investment Company		5,569,975
	DFA EMERGING SOCIAL CORT PORT	Registered Investment Company		85,889
	DFA EMRG MKTS TGT VALUE PORT	Registered Investment Company		278,368
	DFA ENHANCED U.S. LARGE CO	Registered Investment Company		592,874
	DFA FIVE YEAR GLOB FIXED INC	Registered Investment Company		2,557,606
	DFA GLBL CORE PLUS FIXED INC I	Registered Investment Company		767,733
	DFA GLBL SUS FIXED INCOME INST	Registered Investment Company		476,188
	DFA GLOBAL ALLOC 25/75 INST	Registered Investment Company		7,055,891
	DFA GLOBAL ALLOC 60/40 INST	Registered Investment Company		9,037,928
	DFA GLOBAL EQUITY INSTL	Registered Investment Company		25,792,730
	DFA GLOBAL REAL ESTATE SEC	Registered Investment Company		490,030
	DFA GLOBAL SMALL COMPANY INSTL	Registered Investment Company		180,314
	DFA INFLATION PROTECTED SEC I	Registered Investment Company		2,260,282
	DFA INTERMED GOVT FIXED INCOME	Registered Investment Company		1,821,253
	DFA INTERMEDIATETERM EXT QLTYI	Registered Investment Company		20,244
	DFA INTERNATIONAL VALUE III	Registered Investment Company		2,611,208
	DFA INTL CORE EQUITY	Registered Investment Company		11,347,247
	DFA INTL HI RELATV PRO INSTL	Registered Investment Company		548,987
	DFA INTL LARGE CAP GR INSTL	Registered Investment Company		287,259
	DFA INTL REAL EST SEC PORT	Registered Investment Company		1,603,094
	DFA INTL SMALL CAP VALUE	Registered Investment Company		7,895,447
	DFA INTL SMALL COMPANY	Registered Investment Company		3,518,311
	DFA INTL SMCP GRTH INSTL	Registered Investment Company		387,675
	DFA INTL SOCIAL CORE EQ INSTL	Registered Investment Company		81,541
	DFA INTL SUSTAINABILITY CORE 1	Registered Investment Company		1,880,617
	DFA INTL VECTOR EQTY PORT I	Registered Investment Company		407,098
	DFA INVESTMENT GRADE CL I	Registered Investment Company		2,157,752
	DFA JAPANESE SMALL COMPANY	Registered Investment Company		16,384
	DFA LARGE CAP INTERNATIONAL	Registered Investment Company		1,068,125
	DFA LTIP PORTFOLIO INSTL	Registered Investment Company		188,515
	DFA ONE YEAR FIXED INCOME	Registered Investment Company		5,638,161
	DFA REAL ESTATE SECURITIES	Registered Investment Company		4,283,333
	DFA SEL HEDGED GLOBL EQTY I	Registered Investment Company		264,676
	DFA SELECTIVELY HEDGD GLOBL FI	Registered Investment Company		894,861
	DFA SHORT DURATION REAL RETURN	Registered Investment Company		255,680
	DFA SHORT-TERM GOVERNMENT I	Registered Investment Company		391,637
	DFA SOCIAL FIXED INCOME INSTL	Registered Investment Company		29,163
	DFA ST EXTENDED QUALITY INSTL	Registered Investment Company		188,151
	DFA TARGETED CREDIT PORT INSTL	Registered Investment Company		85,681
	DFA TWO YR GLOBAL FIXED INCOME	Registered Investment Company		46,744
	DFA U.S. CORE EQUITY I	Registered Investment Company		8,628,272
	DFA U.S. CORE EQUITY II	Registered Investment Company		17,717,351
	DFA U.S. TARGETED VALUE CL I	Registered Investment Company		1,972,248
	DFA U.S. VECTOR EQUITY	Registered Investment Company		5,112,522
	DFA UNITED KINGDOM SMALL CO	Registered Investment Company		4,402
	DFA US HIGH RELATV PORT INSTL	Registered Investment Company		1,042,094

Schedule H, line 4i - Schedule of Assets (Held at End of Year)

NAME OF PLAN SPONSOR: Dimensional Investment LLC
NAME OF PLAN: Dimensional Fund Advisors Deferred Compensation and Profit Sharing Plan
EIN: 27-1346874
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 US LARGE CAP EQUITY INSTL	Registered Investment Company		52,491
	DFA US LARGE CAP VALUE III	Registered Investment Company		8,026,231
	DFA US LARGE COMPANY	Registered Investment Company		7,609,780
	DFA US LRG CAP GRTH INSTL	Registered Investment Company		2,977,851
	DFA US MICRO CAP	Registered Investment Company		11,004,145
	DFA US SMALL CAP	Registered Investment Company		3,317,830
	DFA US SMALL CAP VALUE PORT	Registered Investment Company		16,024,537
	DFA US SMCAP GRTH INSTL	Registered Investment Company		1,287,476
	DFA US SOCIAL CORE EQTY2 PORT	Registered Investment Company		355,012
	DFA US SUSTAINABILITY CORE 1	Registered Investment Company		4,079,376
	DFA WORL EX US GOVT FIX IN I	Registered Investment Company		71,694
	DFA WORLD CORE EQUITY INSTL	Registered Investment Company		710,440
	DFA WORLD EX US CORE EQTY INST	Registered Investment Company		2,664,427
	DFA WORLD EX US VALUE PORT I	Registered Investment Company		97,091
	DFA WRLD EX US TARGETED VAL IN	Registered Investment Company		216,475
	DIMENSIONAL 2010 TARGET INSTL	Registered Investment Company		720
	DIMENSIONAL 2015 TARGET INSTL	Registered Investment Company		733,423
	DIMENSIONAL 2020 TGT DT INSTL	Registered Investment Company		1,770,465
	DIMENSIONAL 2025 TGT DT INSTL	Registered Investment Company		3,363,956
	DIMENSIONAL 2030 TGT DT INSTL	Registered Investment Company		3,298,412
	DIMENSIONAL 2035 TGT DT INSTL	Registered Investment Company		7,210,358
	DIMENSIONAL 2040 TGT DT INSTL	Registered Investment Company		7,692,342
	DIMENSIONAL 2045 TGT DT INSTL	Registered Investment Company		8,819,272
	DIMENSIONAL 2050 TGT DT INSTL	Registered Investment Company		4,623,744
	DIMENSIONAL 2055 TARGET INSTL	Registered Investment Company		4,597,775
	DIMENSIONAL 2060 TARGET INSTL	Registered Investment Company		5,555,423
	DIMENSIONAL 2065 TARGET INSTL	Registered Investment Company		825,164
	DIMENSIONAL RET INCOME INSTL	Registered Investment Company		317,564
	FIDELITY INTERNATIONAL INDEX	Registered Investment Company		386,489
	TIAA-CREF LARGE-CAP GR IDX INS	Registered Investment Company		2,907,653
	VANGUARD BALANCED INDEX ADM	Registered Investment Company		573,825
	VANGUARD LIFE STRATEGY INCOME	Registered Investment Company		13,033
	VANGUARD TOT STK MKT IDX ADMRL	Registered Investment Company		5,027,568
	VANGUARD TTL BOND MKT IDX ADM	Registered Investment Company		1,018,678
	VANGUARD TTL WLDSTK INDEX ADM	Registered Investment Company		1,232,398

* Party-in-interest