## Form 8937

(December 2011)
Department of the Treasury
Internal Revenue Service

## Report of Organizational Actions Affecting Basis of Securities

► See separate instructions.

OMB No. 1545-2224

Part   Reporting Issuer			
1 Issuer's name		2 Issuer's employer identification number (EIN)	
Domini Social Equity Fund		04-3081258	
Name of contact for additional information	5 Email address of contact		
Domini Funds Shareholder Services	info@domini.com		
6 Number and street (or P.O. box if mail is not	7 City, town, or post office, state, and Zip code of contact		
532 Broadway, 9th Floor		New York, NY 10012-3939	
8 Date of action	9 Classification and description		
July 31, 2016		ares: Class A, R, Investor, and Institutional	
10 CUSIP number 11 Serial number	(s) 12 Ticker symbol	13 Account number(s)	
See appendix A	See appendix A		
Part II Organizational Action Attac		e back of form for additional questions.	
	applicable, the date of the action or the date tal distributions to shareholders. See app	e against which shareholders' ownership is measured for pendix A.	
•		ty in the hands of a U.S. taxpayer as an adjustment per capital represents a reduction in shareholders' basis	
in their shares held. See appendix A.			
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		ation, such as the market values of securities and the distribution, \$198,278 or 2.7694% represents a return	
		2016 is recharacterized as a return of capital on	
		holders' shares is decreased by the per share	
		umber of shares the shareholder owns. See appendix A.	
		0007	

Form 893	7 (Rev	12-2011)				Page <b>2</b>
Part I		Organizational Action (continu	ied)			
		applicable Internal Revenue Code sec		un(s) upon which the tax t	reatment is based	
		01(c)(2), IRC Section 316(a)(1) and				•
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18 Ca	an any	resulting loss be recognized? ► No	loss will be recogni	ized.		<u> </u>
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<b>19</b> Pr	ovide	any other information necessary to in	plement the adjustm	ent, such as the reportat	ole tax year ▶ This o	organizational action is
reportat	ole wi	th respect to tax year 2016.				
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		r penalties of perjury, I declare that I have				
	belief	it is true, correct, and complete. Declarat	on of preparer (other tha	in officer) is based on all info	rmation of which prepa	arer has any knowledge.
Sign		1. h. c/15	211011		0	122/11
Here	Signa	ture >	20000		Date ►	120/16
			*			
	Print	your name ► Christina Povall				Treasurer
Paid		Print/Type preparer's name	Preparer's signat	ure	Date	Check if PTIN
Prepa	rer	Peter Garrity	/als		1122/16	self-employed P01063407
Use C		Firm's name ► State Street Bank		4		Firm's EIN ▶ 04-1867445
		Firm's address ► 1 Iron Street, Bos				Phone no. (617) 662-3975
Send Fo	rm 89	37 (including accompanying stateme	nts) to: Department o	r tne Treasury, Internal R	evenue Service, Ogo	den, UT 84201-0054

Domini Social Equity Fund Form 8937 Appendix A FISCAL YEAR ENDED: JULY 31, 2016

EIN: 04-3081258

	Box 10	Box 12				Per Share	Box 14 per share	Per share
Share Class	CUSIP Number	Ticker Symbol	Record Date	Ex Date	Payable Date	Distribution	Return of Capital	Taxable Dividend
INVESTOR	257132100	DSEFX .	3/15/2016	3/16/2016	3/16/2016	0.18960050	0.00525078	0.18434972
CLASS A	257132860	DSEPX	3/15/2016	3/16/2016	3/16/2016	0.21063080	0.00583319	0.20479761
INSTITUTIONAL	257132852	DIEQX	3/15/2016	3/16/2016	3/16/2016	0.21624440	0.00598865	0.21025575
CLASS R	257132308	DSFRX	3/15/2016	3/16/2016	3/16/2016	0.21593950	0.00598021	0.20995929