

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 2019 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2019 or fiscal plan year beginning <u>01/01/2019</u> and ending <u>12/31/2019</u>	
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 ☐ an amended return/report ☐ the final 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 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>AMUNDI PIONEER ASSET MANAGEMENT USA INC. SAVINGS AND INVESTMENT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>002</u>
		1c	Effective date of plan <u>01/01/1986</u>
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) <u>AMUNDI PIONEER ASSET MANAGEMENT USA INC.</u> <u>60 STATE STREET</u> <u>BOSTON, MA 02109-1820</u>	2b	Employer Identification Number (EIN) <u>13-5657669</u>
		2c	Plan Sponsor's telephone number <u>617-422-4911</u>
		2d	Business code (see instructions) <u>523120</u>

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.	10/15/2020	NANCY FOLAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2020	NANCY FOLAN
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2019)
v. 190130

3a Plan administrator's name and address ☐ Same as Plan Sponsor RETIREMENT PLANS COMMITTEE 60 STATE STREET BOSTON, MA 02109-1820	3b Administrator's EIN 13-5657669 3c Administrator's telephone number 617-422-4509
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	5 786
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 475 6a(2) 484 6b 4 6c 280 6d 768 6e 3 6f 771 6g 741 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 2R 2T 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) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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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)** ☒ **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)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☒ **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 2019 Form M-1 annual report. If the plan was not required to file the 2019 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information 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.	OMB No. 1210-0110
		2019
		This Form is Open to Public Inspection.

For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan AMUNDI PIONEER ASSET MANAGEMENT USA INC. SAVINGS AND INVESTMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 AMUNDI PIONEER ASSET MANAGEMENT USA INC.	D Employer Identification Number (EIN) 13-5657669	

Part I	Service Provider Information (see instructions)
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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)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(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?
15 52 59 60 62 63 71 72	RECORDKEEPER	103883	Yes ☒ No ☐	Yes ☒ No ☐	0	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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information 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.	OMB No. 1210-0110 2019 This Form is Open to Public Inspection.
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019

A Name of plan <u>AMUNDI PIONEER ASSET MANAGEMENT USA INC. SAVINGS AND INVESTMENT PLAN</u>	B Three-digit plan number (PN) <u>002</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMUNDI PIONEER ASSET MANAGEMENT USA INC.</u>	D Employer Identification Number (EIN) <u>13-5657669</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FEDERATED CAPITAL PRESERVATION FUND</u>		
b Name of sponsor of entity listed in (a): <u>FEDERATED INVESTORS TRUST COMPANY</u>		
c EIN-PN <u>22-2712853-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6791887</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIONEER BOND FUND TRUST R</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>81-5420248-291</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7768375</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIONEER LARGE CAP GROWTH PORTFOLIO</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>81-4278868-290</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6327934</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIONEER LARGE CAP VALUE PORTFOLIO</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>38-4065312-398</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10169714</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIONEER MULTI SECTOR FIXED INCOME P</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>38-4065337-435</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7896239</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIONEER MULTI SECTOR FIXED INCOME T</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>26-1508139-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 2019 This Form is Open to Public Inspection
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For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan AMUNDI PIONEER ASSET MANAGEMENT USA INC. SAVINGS AND INVESTMENT PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 AMUNDI PIONEER ASSET MANAGEMENT USA INC.	D Employer Identification Number (EIN) 13-5657669	

Part I	Asset and Liability Statement
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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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions.....	1b(2)	0	0
(3) Other.....	1b(3)	550	1195
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	6972985	7977254
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common.....	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property).....	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans.....	1c(8)	924708	1072238
(9) Value of interest in common/collective trusts	1c(9)	19426311	38954149
(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)	52495067	58551426
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	12432916	14847734

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(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	92252537	121403996

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	92252537	121403996
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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)	1331669	
(B) Participants	2a(1)(B)	5409122	
(C) Others (including rollovers)	2a(1)(C)	731903	
(2) Noncash contributions	2a(2)	0	7472694
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	155218	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	51770	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		206988
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1873615	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1873615
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	44065173	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	40416298	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3648875
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	0	
(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)		3286827
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(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)		7358513
c Other income	2c		2941139
d Total income. Add all income amounts in column (b) and enter total	2d		26788651

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8235362	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		8235362
f Corrective distributions (see instructions)	2f		113728
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	102428	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		102428
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8451518

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		18337133
l Transfers of assets:			
(1) To this plan	2l(1)		10814326
(2) From this plan	2l(2)		0

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) ☒ 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: RSM US LLP

(2) EIN: 42-0714325

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:

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.)

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.)

	Yes	No	Amount
4a		X	
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?	X		38000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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 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.)

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 2019 This Form is Open to Public Inspection.
For calendar plan year 2019 or fiscal plan year beginning 01/01/2019 and ending 12/31/2019		
A Name of plan AMUNDI PIONEER ASSET MANAGEMENT USA INC. SAVINGS AND INVESTMENT PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 AMUNDI PIONEER ASSET MANAGEMENT USA INC.		D Employer Identification Number (EIN) 13-5657669
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): 94-1687665		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2019 v. 190130		

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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 _____

Amundi Pioneer Asset
Management USA, Inc.
Savings and Investment Plan

Employer ID No. 13-5657669
Plan Number: 002

Financial Statements as of December 31, 2019 and
2018 and for the Year Ended December 31, 2019 and
Supplemental Schedule as of December 31, 2019 and
Independent Auditor's Report

AMUNDI PIONEER ASSET MANAGEMENT USA, INC. SAVINGS AND INVESTMENT PLAN

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SUPPLEMENTAL SCHEDULE* —	
Schedule H, Part IV, Line 4(i), Form 5500 — Schedule of Assets (Held at Year End) as of December 31, 2019	13
 * Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

Independent Auditor's Report

The Retirement Plans Committee
Amundi Pioneer Asset Management USA, Inc.
Savings and Investment Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Amundi Pioneer Asset Management USA, Inc. Savings and Investment Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2019 and 2018, the related statement of changes in net assets available for benefits for the year ended December 31, 2019, 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 these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these 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 8, which was certified or provided by Bank of America N.A., the trustee of the Plan, except for comparing this 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 assets and executes transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2019 and 2018, 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 these financial statements.

Emphasis of Matter

As discussed in Note 1 to the financial statements, the Retirement Plans Committee of Amundi Pioneer Asset Management USA, Inc., the Plan's sponsor, voted on December 19, 2019, to merge the Amundi Smith Breeden Plan into the Amundi Pioneer Asset Management USA, Inc. Savings and Investment Plan effective December 20, 2019. All plan assets, amounting to \$10,814,326, were transferred to the Plan on December 20, 2019. Our disclaimer of opinion has not been modified with respect to this matter.

Other Matter

The supplemental schedule of assets (held at year-end) as of December 31, 2019 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 purposes of additional analysis and is not a required part of the financial statements. The supplemental schedule is the responsibility of the Plan's management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the 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 and supplemental schedule, other than that derived from the information certified or provided 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.

RSM US LLP

Boston, Massachusetts
October 14, 2020

**AMUNDI PIONEER ASSET MANAGEMENT USA, INC.
SAVINGS AND INVESTMENT PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2019 AND 2018**

	2019	2018
<i>ASSETS</i>		
Participant-directed investments, at fair value	\$ 120,330,563	\$ 91,327,279
Notes receivable from participants	1,072,238	924,708
Participant contributions receivable	202,840	—
Employer contributions receivable	190,808	—
Accrued income	1,195	550
	<u>121,797,644</u>	<u>92,252,537</u>
TOTAL ASSETS		
<i>LIABILITIES</i>		
Excess contributions payable	<u>196,083</u>	<u>113,728</u>
TOTAL LIABILITIES	<u>196,083</u>	<u>113,728</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 121,601,561</u>	<u>\$ 92,138,809</u>

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

**AMUNDI PIONEER ASSET MANAGEMENT USA, INC.
SAVINGS AND INVESTMENT PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2019**

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Investment income (loss):	
Net appreciation in fair value of investments	\$ 16,582,478
Dividends and interest	<u>2,681,709</u>
Total investment income (loss)	<u>19,264,187</u>
 Interest on notes receivable from participants	 <u>51,770</u>
 Contributions:	
Participant contributions	5,415,879
Employer contributions, net of forfeitures of \$10,274	1,522,477
Rollover contributions	<u>731,903</u>
Total contributions	<u>7,670,259</u>
 Total additions	 <u>26,986,216</u>

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	8,235,362
Administrative expenses	<u>102,428</u>
Total deductions	<u>8,337,790</u>
 Net increase in net assets	 18,648,426
Net transfer of assets from Amundi Smith Breeden plan	10,814,326

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>92,138,809</u>
 End of year	 \$ <u><u>121,601,561</u></u>

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

AMUNDI PIONEER ASSET MANAGEMENT USA, INC. SAVINGS AND INVESTMENT PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2019 AND 2018 AND FOR THE YEAR ENDED DECEMBER 31, 2019

1. DESCRIPTION OF PLAN

The following description of the Amundi Pioneer Asset Management USA, Inc. Savings and Investment Plan provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General — The Plan is a defined contribution plan, qualified under Section 401(k) of the Internal Revenue Code (the "IRC"), covering all eligible U.S. employees, as defined, of Amundi Pioneer Asset Management USA, Inc. and its wholly owned subsidiaries (the "Company" and "Plan Sponsor") who have reached the age of 21. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

The Company, a Delaware corporation, and its subsidiaries, are wholly owned by Amundi USA, Inc., a wholly owned subsidiary of Amundi Asset Management ("Amundi"), a global asset manager headquartered in Paris, France.

On January 1, 2018, Amundi contributed the net financial assets of its wholly owned subsidiary Amundi Smith Breeden, LLC (ASB) to the Company as part of a merger of entities under common control (Amundi Transaction). On December 19, 2019 the Plan's sponsor voted to merge the Amundi Smith Breeden Plan (ASB Plan) into the Amundi Pioneer Asset Management USA, Inc. Savings and Investment Plan. A plan amendment was executed on December 19, 2019, with an effective date of December 20, 2019, and \$10,814,326 of ASB employee participant account balances were transferred from the ASB Plan to the Plan on December 20, 2019.

The Retirement Plans Committee of the Company is the plan administrator and is responsible for the general administration of the Plan, including compliance with the reporting and disclosure requirements of ERISA.

Contributions — Contributions to the Plan are made by the participants and the Company. Participants designate as their contribution (participant contribution) to the Plan an amount between 1% and 50% of their compensation, as defined. The Company contributes matching funds (employer matching contribution) to each participant's account on a dollar for dollar basis equal to the participant's contribution, up to 2.5% of the participant's compensation, as defined. Contributions are subject to certain IRC limitations.

Participant Accounts — Individual accounts are maintained for each participant. Each participant's account is credited with the contributions from the participant and the Company and earnings thereon, and is debited with withdrawals and expenses, if applicable. Net realized gains or losses, dividends, interest, and other distributions from any mutual fund are reinvested in shares of that mutual fund based on each participant's account balance. The benefit to which a participant is entitled is his or her vested account balance.

Investment Options — All participants are entitled to direct their investments to a core list of certain of the Pioneer Family of Mutual Funds, third party mutual funds, and common/collective trusts, or they

may direct their investments to other mutual funds via a self-directed account managed by Bank of America, N.A. (the “Trustee”). The self-directed brokerage account allows plan participants to invest in a wide array of securities, mainly registered investment companies, beyond those offered under the standard Plan offering. The allocation may be changed and an election to transfer all or part of an account balance between investment options can be made at any time by the participant.

Vesting — Participant contributions, Company matching contributions, and actual earnings thereon are immediately vested.

Payment of Benefits — The Plan provides for benefits to be paid to participants who have reached retirement age (normally age 65) and who have retired from active service with the Company. Such benefits are based on the amount in the participant’s account as of the distribution date. The Plan also provides for the payment of benefits in the event of death, termination of employment, and certain other hardships. At the participant’s election, benefits will be paid in a lump sum or in annual installments over a period that is at least two years, but not more than ten years.

Notes Receivable from Participants — Notes receivable consist of loans to participants. Loans may not exceed the lesser of \$50,000 or 50% of a participant’s total vested account balance and must be a minimum of \$1,000. Repayment is made in equal installments through payroll deductions over a term not to exceed five years for a general purpose loan and not to exceed 20 years for a primary residence loan. Interest is charged at an agreed upon percentage based on prevalent market rates, and as payments are made, both interest and principal will be added back to the participant’s individual account. At December 31, 2019 and 2018, interest rates ranged from 4.00% to 9.25%. Administrative fees of \$50 per new loan (one-time fee paid to record-keeper) are charged directly to participants’ accounts.

Forfeited Accounts — As of December 31, 2019 and 2018, forfeited accounts totaled \$24,551 and \$5,750, respectively. Forfeitures are retained in the Plan and will first be used to pay administrative expenses. Any remaining amounts will be used to reduce employer contributions payable under the Plan. For the year ended December 31, 2019, \$29,075 of forfeitures were generated and \$10,274 of forfeited non-vested accounts were used to reduce employer contributions and pay administrative expenses.

2. SUMMARY OF ACCOUNTING POLICIES

Basis of Presentation — The accompanying financial statements of the Plan have been prepared in accordance with accounting principles generally accepted in the United States of America (“U.S. GAAP”).

Investment Valuation and Income Recognition — Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

Purchases and sales are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded as earned. Net appreciation (depreciation) of investments represents realized gains (losses) and the change in unrealized appreciation (depreciation). The average cost basis is used in calculating realized gains and losses from the sales of investments in mutual funds during the year.

Contributions — Contributions are recorded in the period in which the employee payroll deductions are made.

Excess Contributions Payable — Amounts payable to participants for contributions in excess of amounts allowed by the Internal Revenue Service (“IRS”) are recorded as a liability with a

corresponding reduction to contributions. The Plan distributed the 2019 excess contributions to the applicable participants prior to April 1, 2020.

Notes Receivable from Participants — Notes Receivable are valued at amortized cost, which is unpaid principal plus accrued interest. While any loan amount remains outstanding, no distribution shall be made from the participant's account with respect to the portion of the account balance representing the value of the loan as an asset of the account. If the participant dies or does not repay their loan according to the terms agreed upon by the participant and plan administrator, the plan administrator may, upon termination of the participant's employment, reduce the balance of the participant's account in the Plan by the outstanding loan amount and any interest then due, or, alternatively, exercise such rights or remedies as it may have as a creditor of the participant.

Risks and Uncertainties — The Plan provides for various investment options which are exposed to interest rate, market, credit, and other risks depending on the nature of the specific fund or other investment security. Accordingly, it is at least reasonably possible that these factors will result in changes in the value of the Plan's investments which could materially affect amounts reported in the statement of net assets available for benefits, the statement of changes in net assets available for benefits, and the related participants' account balances in the near term.

Use of Estimates — The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities, at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Administrative Expenses — Administrative expenses of the Plan are paid by the Plan Sponsor as provided in the plan document. Prior to October 10, 2018, all investment management and transaction fees directly related to the Plan investments were paid by the Plan. Management fees and operating expenses incurred by the Plan's investments were deducted from income earned by the Plan's investments on a daily basis and were not separately reflected. Consequently, management fees and operating expenses were reflected as a reduction of investment return for such investments. Effective October 1, 2018, administrative expenses are now deducted directly from participant accounts, and the balance of the Credit Account was distributed to participant account balances as noted below.

Under the terms of a fee schedule entered into on December 6, 2016, between the Plan and the record-keeper, the record-keeper may be required to deposit into the Plan's trust a Credit Amount, as defined in the fee schedule, which can be used to pay administrative expenses of the Plan or can be allocated to participant account balances. At December 31, 2019 and 2018, \$44 and \$56,074, respectively, was remaining in the Plan related to the Credit Amount. There were no administrative expenses paid from the Credit Amount during the year ended December 31, 2019.

Subsequent Events — The Plan has evaluated subsequent events through October 14, 2020, the date that the financial statements are available to be issued. There are no additional events or transactions that would require adjustments or additional disclosure in the financial statements other than that noted below.

Subsequent to year-end, on January 30, 2020, the World Health Organization declared the coronavirus outbreak a "Public Health Emergency of International Concern" and on March 11, 2020, declared it to be a pandemic. The pandemic in the United States and throughout the world has resulted in substantial volatility in financial markets and on investment portfolios. In addition, certain non-readily marketable

investments are significantly less liquid than they have been historically (and in some cases the counter parties have imposed redemption restrictions).

3. FAIR VALUE MEASUREMENTS

Accounting Standards Codification (“ASC”) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1 — Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 — Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 — Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset’s or liability’s fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The 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, 2019 and 2018.

Mutual Funds (Pioneer, Third Party, and Self-Directed Brokerage Accounts) — 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 Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. Shares of open-end registered investment companies (including money market mutual funds) are valued at NAV. The mutual funds held by the Plan are deemed to be actively traded.

Common/Collective Trusts — Valued at the NAV of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were

the Plan to initiate a full redemption of the collective trusts, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner. In accordance ASC 820, certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2019 and 2018:

Assets at Fair Value as of December 31, 2019				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 66,528,680	\$ —	\$ —	\$ 66,528,680
Self directed brokerage accounts	14,847,734	—	—	14,847,734
	<u>\$ 81,376,414</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 81,376,414</u>
Investments measured at NAV				38,954,149
Total investments				<u>\$ 120,330,563</u>

Assets at Fair Value as of December 31, 2018				
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 59,468,052	\$ —	\$ —	\$ 59,468,052
Self directed brokerage accounts	12,432,916	—	—	12,432,916
	<u>\$ 71,900,968</u>	<u>\$ —</u>	<u>\$ —</u>	<u>\$ 71,900,968</u>
Investments measured at NAV				19,426,311
Total investments				<u>\$ 91,327,279</u>

Transfers Between Levels — The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2019 and 2018, there were no transfers between levels.

4. NET ASSET VALUE (NAV) PER SHARE

The following tables set forth a summary of the Plan's investments with a reported NAV at December 31, 2019 and 2018.

Fair Value Estimated Using Net Asset Value per Share December 31, 2019					
Investment	Fair Value*	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Federated Capital Preservation Fund	\$ 6,791,887	—	Daily	None	1 day
Pioneer Bond Fund Trust	7,768,375	—	Daily	None	1 day
Pioneer Large Cap Growth Fund	6,327,934	—	Daily	None	1 day
Pioneer Large Cap Value Fund	10,169,714	—	Daily	None	1 day
Pioneer Multi Sector Fund	<u>7,896,239</u>	—	Daily	None	1 day
Total	<u>\$ 38,954,149</u>	<u>\$ —</u>			

* The fair value of the investment has been estimated using the net asset value of the investment.

Fair Value Estimated Using Net Asset Value per Share December 31, 2018					
Investment	Fair Value*	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Federated Capital Preservation Fund	3,268,958	—	Daily	None	1 day
Pioneer Bond Fund Trust	5,741,036	—	Daily	None	1 day
Pioneer Large Cap Growth Fund	4,369,651	—	Daily	None	1 day
Pioneer Multi Sector Fund	<u>6,046,666</u>	—	Daily	None	1 day
Total	\$ <u>19,426,311</u>	\$ <u>—</u>			

* The fair value of the investment has been estimated using the net asset value of the investment.

5. TAX STATUS

The Plan has received a favorable determination letter, dated September 28, 2015, from the IRS that the Plan and related trust were designed in accordance with the applicable requirements of the IRC. The Company and plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

6. UNCERTAIN TAX POSITIONS

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 2016.

7. PARTY IN INTEREST TRANSACTIONS

Certain of the Company's wholly owned subsidiaries earn fees on assets invested by the Plan in the Pioneer Family of Mutual Funds. Additionally, certain investments managed by the Trustee earn fees on assets invested by the Plan. Investments in the Pioneer Family of Mutual Funds, the Common/Collective Trusts, and participant loans represent party-in-interest transactions.

8. INFORMATION CERTIFIED BY TRUSTEE

The following is a summary of the unaudited information regarding the Plan as of December 31, 2019 and 2018, and for the year ended December 31, 2019, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information prepared by the Trustee, and furnished to the plan administrator. The plan administrator has obtained certification from the Trustee that such information is complete and accurate.

Statements of Net Assets Available for Benefits

	2019	2018
Investments, at fair value:		
Mutual Funds	\$ 66,528,680	\$ 59,468,052
Self Directed Account	14,847,734	12,432,916
Common / Collective Trusts	38,954,149	19,426,311
Notes Receivable from Participants	1,072,238	924,708

Statement of Changes in Net Assets Available for Benefits

	2019
Dividends and interest	\$ 2,681,709
Interest on note receivable from participants	51,770
Net appreciation in fair value of investments	16,582,478
Net transfer of assets from Amundi Smith Breeden plan	10,814,326
Supplemental schedule: All investment balances and information included in the supplemental schedule of assets (held at end of year).	

Refer to notes 3 and 4 for further detail on investment balances and investment information.

9. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2019 and 2018 to Form 5500:

	2019	2018
Net assets available for benefits per the financial statements	\$ 121,601,561	\$ 92,138,809
Less: Participant contributions receivable	(202,840)	—
Less: Employer contributions receivable	(190,808)	—
Add: Excess contributions receivable	196,083	113,728
Net assets available for benefits per the Form 5500	<u>\$ 121,403,996</u>	<u>\$ 92,252,537</u>

The following is a reconciliation of participant contributions per the financial statements for the year ended December 31, 2019 to Form 5500:

Net increase in net assets per the financial statements	\$ 29,462,752
Change in participant contributions receivable	(202,840)
Change in employer contributions receivable	(190,808)
Net excess contributions payable	82,355
Net increase in net assets per the Form 5500	<u>\$ 29,151,459</u>

10. TERMINATION OF THE PLAN

Although it has not expressed any intention to do so, the Company reserves the right to amend or terminate the Plan, subject to the provisions of ERISA, at any time.

SUPPLEMENTAL SCHEDULE

**AMUNDI PIONEER ASSET MANAGEMENT USA, INC.
SAVINGS AND INVESTMENT PLAN**

**SCHEDULE H, PART IV, LINE 4(i), FORM 5500 - SCHEDULE OF ASSETS
(HELD AT YEAR END)
DECEMBER 31, 2019**

**EIN 13-5657669
Plan # 002**

Identity of issuer	Description of Investment	Cost	Current value
Mutual Fund Investments:			
DFA Emerging Markets Core Equity Portfolio	International Equity	** \$	2,747,619
T. Rowe Price Overseas Stock Fund	International Equity	**	4,119,568
Vanguard Federal Money Market Fund	Money Market	**	7,977,254
Vanguard Total Return Bond Market Fund	Fixed Income	**	5,080,775
Vanguard Total International Stock Index Fund	International Equity	**	20,542,935
JP Morgan Mid Cap Value Fund	Mid Cap Equity	**	5,650,164
Victory Sycamore Small Company Opportunity Fund	Small Cap Equity	**	3,240,209
MFS Mid Cap Growth Fund	Mid Cap Equity	**	3,289,664
Loomis Sayles Small Cap Growth Fund	Small Cap Equity	**	3,801,803
* Pioneer Core Equity Fund	Large Cap Equity	**	10,078,689
Total Mutual Fund Investments			66,528,680
Common / Collective Trusts:			
Federated Capital Preservation Fund	Stable Value	**	6,791,887
* Pioneer Bond Fund Trust	Fixed Income	**	7,768,375
* Pioneer Large Cap Growth Fund	Large Cap Equity	**	6,327,934
* Pioneer Large Cap Value Fund	Large Cap Equity	**	10,169,714
* Pioneer Multi Sector Fund	Fixed Income	**	7,896,239
Total Common / Collective Trusts			38,954,149
* Self Directed Accounts		**	14,847,734
* Participant Loans	Participants loans, at interest 4.00% to 9.25% maturing at various dates through June 8, 2039	-	1,072,238
Accrued Income			1,195
		\$	121,403,996

* Indicates a party-in-interest.

** Cost omitted for participant-directed investments.

See accompanying independent auditor's report.

Attachment to 2019 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: Amundi Pioneer Asset Management USA Inc. Savings and Investment Plan
Plan Sponsor's Name: Amundi Pioneer Asset Management USA Inc.

EIN:13-5657669
PN:002

(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
	ACCRUED INCOME	ACCRUED INCOME	1,195	1,195
	FEDERATED CAPITAL PRESER CL R6	COMMON / COLLECTIVE TRUSTS	686,626	686,626
	FEDERATED CAPITAL PRESER R6 GM	COMMON / COLLECTIVE TRUSTS	6,105,263	6,105,262
	PIONEER BOND FD TRUST CL R GM	COMMON / COLLECTIVE TRUSTS	2,347,291	2,472,037
	PIONEER BOND FUND TRUST CL R	COMMON / COLLECTIVE TRUSTS	4,917,924	5,296,338
	PIONEER LARGE CAP VAL PRTFL R	COMMON / COLLECTIVE TRUSTS	6,703,766	7,479,845
	PIONEER LRG CAP VL PRTFL R GM	COMMON / COLLECTIVE TRUSTS	2,476,783	2,689,869
	PIONEER LRG CP GRTH PORTF R	COMMON / COLLECTIVE TRUSTS	3,073,622	3,635,664
	PIONEER LRG CP GRTH PORTF R GM	COMMON / COLLECTIVE TRUSTS	2,360,939	2,692,270
	PIONEER MULTI SECTOR FIXED INC	COMMON / COLLECTIVE TRUSTS	4,885,408	5,161,242
	PIONEER MULTI SECTR FXD INC GM	COMMON / COLLECTIVE TRUSTS	2,639,277	2,734,997
	LOAN FUND	LOANS	1,072,238	1,072,238
	PIONEER US GOVT MONEY MKT Y GM	MONEY MARKET	0	0
	VANGUARD FEDERAL MONEY INV GM	MONEY MARKET	1,073	1,073
	VANGUARD FEDERAL MONEY MKT INV	MONEY MARKET	7,976,178	7,976,178
	DFA EMERGING MRKTS CORE INSTL	MUTUAL FUNDS	1,253,970	1,357,595
	DFA EMERGING MRKTS CR INSTL GM	MUTUAL FUNDS	1,292,368	1,390,024
	JP MORGAN MID CAP VAL FD R6	MUTUAL FUNDS	4,302,050	4,388,381
	JP MORGAN MID CAP VAL FD R6 GM	MUTUAL FUNDS	1,236,225	1,261,784

Attachment to 2019 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: Amundi Pioneer Asset Management USA Inc. Savings and Investment Plan
Plan Sponsor's Name: Amundi Pioneer Asset Management USA Inc.

EIN:13-5657669
PN:002

(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
	LOOMIS SAYLES SML CAP GRH N GM	MUTUAL FUNDS	1,211,200	1,198,852
	LOOMIS SAYLES SML CAP GRTH N	MUTUAL FUNDS	2,636,088	2,602,951
	MFS MID CAP GROWTH FD R6	MUTUAL FUNDS	2,013,008	2,096,037
	MFS MID CAP GROWTH FD R6 GM	MUTUAL FUNDS	1,158,601	1,193,627
	PIONEER CORE EQUITY FD CL K	MUTUAL FUNDS	7,944,972	7,618,336
	PIONEER CORE EQUITY FD CL K GM	MUTUAL FUNDS	2,506,008	2,460,353
	T ROWE PRICE OVERSEAS STK CL I	MUTUAL FUNDS	1,666,459	1,704,798
	T ROWE PRICE OVERSEAS STK I GM	MUTUAL FUNDS	2,360,195	2,414,770
	VANGUARD TOTAL INTL INSTL GM	MUTUAL FUNDS	3,069,136	3,167,173
	VANGUARD TOTAL INTL CL INSTL	MUTUAL FUNDS	5,238,507	5,428,210
	VANGUARD TOTAL RET BOND INDEX	MUTUAL FUNDS	2,438,928	2,479,609
	VANGUARD TOTAL RET BOND INDEX	MUTUAL FUNDS	2,523,514	2,601,166
	VANGUARD TOTAL STOCK	MUTUAL FUNDS	8,481,001	9,330,599
	VANGUARD TOTAL STOCK GM	MUTUAL FUNDS	2,425,118	2,616,954
	VICTORY SYCAMORE SMALL COMP R6	MUTUAL FUNDS	2,141,317	2,045,872
	VICTORY SYCAMORE SML CMP R6 GM	MUTUAL FUNDS	1,237,028	1,194,337
	SELF-DIRECT ACCT	OTHER ASSETS	41,761	41,761
	SELF-DIRECT ACCT	OTHER ASSETS	181,878	181,878
	SELF-DIRECT ACCT	OTHER ASSETS	1,573,833	1,573,833

Attachment to 2019 Form 5500
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

Plan Name: Amundi Pioneer Asset Management USA Inc. Savings and Investment Plan
Plan Sponsor's Name: Amundi Pioneer Asset Management USA Inc.

EIN:13-5657669
PN:002

(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
	SELF-DIRECT ACCT	OTHER ASSETS	13,050,212	13,050,212
	PENDING SETTLEMENT FUND	PENDING SETTLEMENT FUNDS	50	50
	UNINVESTED CASH	UNINVESTED CASH	0	0