

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
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</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 ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>THE FIFTH THIRD BANCORP 401(K) SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1955</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1955</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1955</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>FIFTH THIRD BANCORP</u> <u>38 FOUNTAIN SQUARE PLAZA</u> <u>MAIL DROP 10908R</u> <u>CINCINNATI, OH 45202</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-0854434</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>513-534-4137</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>522110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-0854434</u>	2c Plan Sponsor's telephone number <u>513-534-4137</u>	2d Business code (see instructions) <u>522110</u>	
2b Employer Identification Number (EIN) <u>31-0854434</u>					
2c Plan Sponsor's telephone number <u>513-534-4137</u>					
2d Business code (see instructions) <u>522110</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.	10/05/2021	NANCY PINCKNEY
	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

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

Form 5500 (2020)
v. 200204

3a Plan administrator's name and address ☒ 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	26353
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)	22984
a(2) Total number of active participants at the end of the plan year		6a(2)	20001
b Retired or separated participants receiving benefits.....		6b	495
c Other retired or separated participants entitled to future benefits		6c	6037
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	26533
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	65
f Total. Add lines 6d and 6e		6f	26598
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	24208
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	60
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	
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) ☐ <u>0</u> 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 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) 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
		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 THE FIFTH THIRD BANCORP 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 FIFTH THIRD BANCORP	D Employer Identification Number (EIN) 31-0854434	

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)

ADVISED ASSET GROUP, LLC

84-1532243

(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?
26 50	NONE	1199037	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BARROW, HANLEY, MEWHINNEY & STRAUSS

JP MORGAN CHASE TOWER
2200 ROSS AVENUE, 31ST FLOOR
DALLAS, TX 75201

(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?
27	NONE	271492	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THOMPSON HINE LLP

34-0575300

(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?
29	NONE	80575	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)

GREAT-WEST LIFE & ANNUITY INS. CO.

84-0467907

(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 50 64	NONE	27466	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREAT-WEST TRUST COMPANY, LLC

84-1455663

(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?
20	NONE	25271	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GWFS EQUITIES INC

84-0467907

(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?
33 72	NONE	16045	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 2020 This Form is Open to Public Inspection.
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan <u>THE FIFTH THIRD BANCORP 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FIFTH THIRD BANCORP</u>	D Employer Identification Number (EIN) <u>31-0854434</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>AMERICAN CENTURY US MIDCAP VALUE EQ</u>		
b Name of sponsor of entity listed in (a): <u>AMERICAN CENTURY</u>		
c EIN-PN <u>30-6406015-009</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>73360415</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMCB CORE BOND FUND-CF</u>		
b Name of sponsor of entity listed in (a): <u>JP MORGAN CHASE BANK, N.A.</u>		
c EIN-PN <u>20-3847783-001</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>107469397</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMCB SMARTRETIREMENT DRE 2020 CF</u>		
b Name of sponsor of entity listed in (a): <u>JP MORGAN CHASE BANK, N.A.</u>		
c EIN-PN <u>20-3063359-001</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>60937608</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMCB SMARTRETIREMENT DRE 2025 CF</u>		
b Name of sponsor of entity listed in (a): <u>JP MORGAN CHASE BANK, N.A.</u>		
c EIN-PN <u>20-5819098-001</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>132457277</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMCB SMARTRETIREMENT DRE 2030 CF</u>		
b Name of sponsor of entity listed in (a): <u>JP MORGAN CHASE BANK, N.A.</u>		
c EIN-PN <u>20-3063387-001</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>140511615</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMCB SMARTRETIREMENT DRE 2035 CF</u>		
b Name of sponsor of entity listed in (a): <u>JPMORGAN CHASE BANK, N.A.</u>		
c EIN-PN <u>20-5819181-001</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>137943120</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>JPMCB SMARTRETIREMENT DRE 2040 CF</u>		
b Name of sponsor of entity listed in (a): <u>JP MORGAN CHASE BANK, N.A.</u>		
c EIN-PN <u>20-3063440-001</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>109067240</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRETIREMENT DRE 2045 CF

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, N.A.

c EIN-PN 20-5819388-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99487473
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRETIREMENT DRE 2050 CF

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, N.A.

c EIN-PN 20-5819476-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69967778
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRETIREMENT DRE 2055 CF

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, N.A.

c EIN-PN 45-5595944-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34442926
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRETIREMENT DRE 2060 CF

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, N.A.

c EIN-PN 81-3221155-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9234779
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB SMARTRETIREMENT DRE INCOME CF

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK, N.A.

c EIN-PN 20-3063490-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40865572
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA GLOBAL ALL CAP EQUITY EX-US IN

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 90-0337987-456	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 207423430
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL LARGE CAP GRO INDX-C

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 90-0337987-228	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 191285361
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL LARGE CAP VAL INDX -C

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 90-0337987-226	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 105906805
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP INDEX FD - S

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 90-0337987-180	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67846545
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 INDEX FUND CLASS K

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN 90-0337987-388	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 318645101
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA S&P MIDCAP INDEX FUND - CLASS**

b Name of sponsor of entity listed in (a): **STATE STREET BANK AND TRUST COMPANY**

c EIN-PN 90-0337987-176	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 144012958
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SSGA U.S. BOND INDEX FUND - CLASS C**

b Name of sponsor of entity listed in (a): **STATE STREET BANK AND TRUST COMPANY**

c EIN-PN 90-0337987-178	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 137524539
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a Name of MTIA, CCT, PSA, or 103-12 IE: **TRP BLUE CHIP GROWTH TRUST T2**

b Name of sponsor of entity listed in (a): **T. ROWE PRICE**

c EIN-PN 80-0337987-226	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 300452076
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VICTORY SMALL CAP VALUE CIT 75**

b Name of sponsor of entity listed in (a): **SEI TRUST COMPANY**

c EIN-PN 90-6240599-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 33428393
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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)
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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 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
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

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 THE FIFTH THIRD BANCORP 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 FIFTH THIRD BANCORP	D Employer Identification Number (EIN) 31-0854434	

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	0 0
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	5154242 5187057
(2) Participant contributions.....	1b(2)	1407 0
(3) Other	1b(3)	397657352 141477
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	975981 1886636
(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)	66701765 80620802
(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)	26154795 31830178
(9) Value of interest in common/collective trusts	1c(9)	1887590840 2522270408
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	0 0
(12) Value of interest in 103-12 investment entities	1c(12)	0 0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	457404589 672711864
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	51853964 67391113

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)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	2893494935	3382039535

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	15857	11590
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	71429	38431
k Total liabilities (add all amounts in lines 1g through 1j)	1k	87286	50021

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2893407649	3381989514
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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)	102149108	
(B) Participants	2a(1)(B)	132771922	
(C) Others (including rollovers).....	2a(1)(C)	12931514	
(2) Noncash contributions.....	2a(2)	0	247852544
(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)	7584	
(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)	0	
(E) Participant loans.....	2b(1)(E)	1697046	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1704630
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	1866453	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	26826747	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		28693200
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	34707814	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	41447832	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	7688474	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		350202279
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		111257875
c Other income	2c		8675024
d Total income. Add all income amounts in column (b) and enter total.....	2d		749334008

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	258374418	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		258374418
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		773884
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	105846	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	1470529	
(4) Other.....	2i(4)	27466	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1603841
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		260752143

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		488581865
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) ☐ 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) ☒ DOL Regulation 2520.103-8 (2) ☐ 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: **DELOITTE & TOUCHE LLP**

(2) EIN: **13-3891517**

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.)

	Yes	No	Amount
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	
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 THE FIFTH THIRD BANCORP 401(K) SAVINGS PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FIFTH THIRD BANCORP		D Employer Identification Number (EIN) 31-0854434
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): 84-1455663		
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) 2020 v. 200204		

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).....

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).....

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).....

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 _____

The Fifth Third Bancorp 401(k) Savings Plan

EIN: 31-0854434

PN: 001

Financial Statements and Notes to Financial
Statements as of December 31, 2020 and 2019,
and for the year ended December 31, 2020,
Supplemental Schedule as of December 31,
2020, and Independent Auditors' Report

THE FIFTH THIRD BANCORP 401(K) SAVINGS PLAN

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SUPPLEMENTAL SCHEDULE:	
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NOTE: All 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 AUDITORS' REPORT

To Fifth Third Bancorp as the Plan Sponsor and the Pension, 401(k) & Medical Plan Committee of The Fifth Third Bancorp 401(k) Savings Plan:

We have audited the accompanying financial statements of The Fifth Third Bancorp 401(k) Savings Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2020 and 2019, and the related statement of changes in net assets available for benefits 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 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements, in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of The Fifth Third Bancorp 401(k) Savings Plan as of December 31, 2020 and 2019, and the changes in net assets available for benefits for the year ended December 31, 2020, in accordance with accounting principles generally accepted in the United States of America.

Report on Supplemental Schedule

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Assets (Held at End of Year) as of December 31, 2020 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This schedule is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Such schedule has been subjected to the auditing procedures applied in our audits of the financial statements and certain additional procedures, including comparing and reconciling such schedule directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, such schedule is fairly stated in all material respects in relation to the financial statements as a whole.

Deloitte + Touche LLP

October 1, 2021

THE FIFTH THIRD BANCORP 401(K) SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2020 AND 2019

	2020	2019
ASSETS:		
Cash	\$ —	975,981
Investments - at fair value:		
Cash equivalents	203,821,356	134,934,043
Separately managed account - common stock	80,620,802	66,701,765
Mutual funds	538,168,257	374,324,510
Collective funds	2,522,270,408	1,887,590,840
Total investments - at fair value (Note 4)	3,344,880,823	2,463,551,158
Receivables:		
Employer contribution	5,187,057	5,154,242
Employee contribution	—	1,408
Notes receivable from participants	31,830,178	26,154,795
Accrued investment income	141,477	101,058
Total receivables	37,158,712	31,411,503
Total assets	\$ 3,382,039,535	2,495,938,642
LIABILITIES:		
Accrued expenses	\$ 50,021	87,286
NET ASSETS AVAILABLE FOR BENEFITS	\$ 3,381,989,514	2,495,851,356

Refer to the Notes to Financial Statements.

THE FIFTH THIRD BANCORP 401(K) SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2020

	<u>2020</u>
ADDITIONS:	
Investment income:	
Dividend and interest income	\$ 28,700,784
Interest income on notes receivable from participants	1,697,046
Net appreciation in fair value of investments	<u>471,083,634</u>
Net investment income	<u>501,481,464</u>
Contributions:	
Employer	102,149,108
Employee, net of excess contributions	132,771,922
Rollover	<u>12,931,514</u>
Total contributions	<u>247,852,544</u>
Total additions	<u>749,334,008</u>
DEDUCTIONS:	
Benefits paid to participants	259,148,302
Administrative expenses	<u>1,603,841</u>
Total deductions	<u>260,752,143</u>
Net increase in net assets before plan transfers	<u>488,581,865</u>
TRANSFERS IN:	
Plan merger	397,556,293
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	886,138,158
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of period	<u>2,495,851,356</u>
End of period	<u><u>\$ 3,381,989,514</u></u>

Refer to the Notes to Financial Statements.

THE FIFTH THIRD BANCORP 401(K) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2020 AND 2019 AND FOR THE YEAR ENDED DECEMBER 31, 2020

1. DESCRIPTION OF PLAN

The following brief description of the Fifth Third Bancorp 401(k) Savings Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan Agreement for a more complete description of the Plan’s information.

General - The Plan is a defined contribution plan, with a 401(k) feature, with separate accounts maintained for each participant. The Plan utilizes a “safe harbor” design under IRS 401(k) regulations. Employees are eligible to participate after 30 days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). Fifth Third Bancorp (the “Company”) is the Plan Sponsor. The original Plan became effective January 1, 1955.

On May 20, 2018, the Company entered into an Agreement and Plan of Merger (the “Merger Agreement”) with MB Financial, Inc. The Merger Agreement provided that upon the terms and subject to the conditions set forth therein, MB Financial, Inc. would merge with a subsidiary of the Company. The merger was completed effective March 22, 2019. On December 29, 2019, the Fifth Third Bancorp Pension, 401(k) and Medical Plan Committee, serving as the MB Financial, Inc. Plan Administrator, adopted a resolution, effective January 1, 2020, to merge the MB Financial, Inc. 401(k) Profit Sharing Plan (the “MB Financial, Inc. Plan”) with the Plan. Participant funds were automatically rolled into the Plan on January 1, 2020, resulting in a transfer in to the Plan of \$397,556,293 as included in the Statement of Changes in Net Assets Available for Benefits. Existing MB Financial, Inc. employees who became Fifth Third employees were eligible to participate in the Plan on January 1, 2020. No change to benefits occurred as a result of the merger.

Investment Options - At both December 31, 2020 and 2019, participants could direct their accounts to be invested in a variety of funds including a money market fund, collective funds, mutual funds, a separately managed account and a self-directed brokerage option. The self-directed brokerage option offers money market and mutual fund investment options not offered as part of the Plan’s core investment options with a few limited restrictions.

The separately managed account is a portfolio of individual securities, such as common stocks, that is managed on the participant’s behalf. Unlike a mutual fund or exchange-traded fund, the plan directly owns the individual securities instead of pooling his/her assets with other investors. The individual assets of the separately managed account/fund are held in the name of the Plan (the Plan owns the underlying securities) and are generally considered separately as individual investments for accounting, auditing and financial statement reporting purposes.

Administration - The Fifth Third Bancorp Pension, 401(k) and Medical Plan Committee, serves as the Plan Administrator. Great West Trust Company, LLC (“Great West”) serves as the trustee of the Plan. Great West must adhere to the investment authority of the Plan Administrator. All other collective and mutual fund investments are held by their respective asset managers. Empower Retirement serves as the Plan’s recordkeeper.

Funding and Vesting - The Plan permits voluntary contributions from participants up to 50% of their eligible compensation. Such contributions are credited directly to the participants' accounts and are fully vested. Contributions may be allocated to the available investment options at the discretion of the participant. Gains and losses under the Plan are calculated on a daily basis and allocated to participant accounts based on account balances.

The Plan also accepts before-tax rollover contributions and Roth rollover contributions from other qualified plans or from individual retirement accounts. Rollovers are credited to a participant's rollover contribution account. Before-tax rollover contributions are treated in a manner similar to before-tax contributions for Plan accounting and federal income tax purposes. Neither type of rollover contribution is eligible for matching contributions by the Company.

Employees are eligible to participate in the Plan starting the pay period after they have completed 30 days of service for voluntary contributions and after 180 days of service, employees are eligible to receive matching contributions. The Company matches 150% of the first two percent of eligible compensation contributed on a pre-tax or Roth basis and an additional 100% of pre-tax or Roth employee contributions in excess of two percent but not in excess of a total of six percent of eligible compensation. Matching contributions vest immediately and are invested in the same funds selected by participants for future contributions.

Both voluntary contributions and Company matching contributions are subject to statutory limitations.

Participant Accounts - Individual accounts are maintained for each participant of the Plan. Each participant's account is credited with the participant's contributions, the Company's matching contributions, allocations of the Company's discretionary contributions, and Plan earnings. Each participant's account is charged with withdrawals and an allocation of Plan gains and losses and certain administrative expenses. 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.

Forfeited Accounts - At December 31, 2020 and 2019, forfeited nonvested accounts associated with previous plan vesting schedules totaled \$1,306,831 and \$1,052,999, respectively. During 2020, employer contributions were reduced by \$2,016,873 from forfeited nonvested accounts.

Termination - Although it has not expressed its intention to do so, the Company has the right under the Plan to discontinue the contributions of any participating Company subsidiary at any time and to amend or terminate the Plan subject to the provisions set forth in ERISA. If the Plan were to be terminated, the value of the proportionate interest of each participant would be determined as of the date of termination, and this amount would be fully vested and nonforfeitable.

Payment of Benefits - The Plan provides for payment of benefits of accumulated vested amounts upon termination of employment. Benefits are generally payable in the form of lump-sum payments or periodic payments. Benefits are recorded when paid. The benefit to which an employee is entitled is the benefit that can be provided from the participant's vested account.

Benefits Payable - Amounts allocated to accounts of participants who have elected to withdraw from the Plan, but have not yet been paid were zero at both December 31, 2020 and 2019.

Tax Status - The Internal Revenue Service (“IRS”) has determined and informed the Company by a letter dated January 12, 2021 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan’s tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America (U.S. GAAP) require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Notes Receivable from Participants - Loans to participants are measured at unpaid principal balance plus accrued interest. Participants may borrow from certain fund accounts a minimum of \$1,000 up to the lesser of \$50,000 or 50% of the vested portion of their account balance. A participant can request a loan for any reason. Each loan, by its terms, is required to be repaid within five years, with the exception of loans for purchase of a primary residence which can have a longer term. The loans are secured by the balance in the participant’s account and bear interest at a rate equal to the rate that the Company, in its lending business, would charge on a similar loan as determined quarterly by the Plan administrator. Interest rates on loans were between 3.50-9.25% and 4.25-6.25% at December 31, 2020 and 2019, respectively. Principal and interest are paid by the participant through payroll deductions authorized by the participant. Terminated employees must either repay the outstanding loan principal balance in full, make equal monthly payments through the Plan’s record keeper or take a deemed distribution equal to the outstanding loan principal balance.

Withdrawals - Participants are eligible to request withdrawals upon termination of employment, attainment of age 59 ½ or in the case of specific hardships. Amounts attributable to historic after-tax and rollover contributions are also available for in-service withdrawal. The Plan also makes required minimum distributions pursuant to regulations issued by the IRS.

Excess Contributions Payable - No employee contributions were required to be refunded to applicable participants during the years ended December 31, 2020 and 2019 under the safe harbor design of the Plan.

COVID-19 Global Pandemic - The COVID-19 pandemic introduced significant economic uncertainty during the year ended December 31, 2020. Despite the partial lifting of previous lockdown measures in some of the states in the Company’s geographic footprint, the recent fluctuations in the number of COVID-19 cases mean that it remains unknown when there will be a return to normal economic activity. During the year ended December 31, 2020, the Company observed the impact of the pandemic on its business. Although the Company is unable to estimate the extent of the impact, the continuing pandemic and related global economic crisis adversely impacted its operating results.

In response to the COVID-19 pandemic, the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”) was signed into law on March 27, 2020. The CARES Act allowed Plan Sponsors to offer additional rights to qualifying individuals. The Plan chose to allow qualifying individuals the option to withdraw the lesser of up to \$50,000 or 100% of their vested account value. Qualifying individuals with an existing Plan loan could have requested a deferment of that loan repayment as permitted under the CARES Act. These options for withdrawal and loan deferment were only available to qualifying

individuals through December 31, 2020. Qualifying individuals had the option to repay these distributions as specified under the CARES Act. All deferred loans will be re-amortized and resume repayment as permitted under the CARES Act. The CARES Act also mandated that the Plan waive required minimum distributions for the calendar year 2020.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

Basis of Accounting - The accounting records of the Plan are maintained on the accrual basis of accounting. The accompanying financial statements have been prepared in accordance with U.S. GAAP. The Plan has evaluated subsequent events through October 1, 2021, the date the financial statements were available to be issued, to determine if either recognition or disclosure of significant events or transactions is required.

Use of Estimates - The preparation of financial statements in conformity with U.S. GAAP requires the Plan Administrator to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates and assumptions.

Risk and Uncertainties - The Plan, at the direction of the participant, invests in various securities, which may include mutual funds, collective funds and a separately managed account comprised of individual securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the financial statements.

Cash Equivalents - Cash equivalents include amounts held in the Vanguard Federal Money Market Fund. Cash equivalents are readily convertible to cash upon demand and are considered short-term investment funds that have an original maturity of 90 days or less when purchased.

Investment Valuation and Income Recognition- The Plan's investments are stated at fair value in accordance with Accounting Standards Codification Topic 820, *Fair Value Measurements and Disclosures*. Quoted market prices, when available, are used to value equity securities and mutual funds. Collective funds are stated at fair value, as determined by the issuer of the collective funds, based on the net asset value ("NAV") per share or its equivalent, without adjustment, as quoted by the issuer or the collective fund. For further information on fair value measurements, refer to Note 4.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the unrealized gains and losses as well as the Plan's gains and losses on investments bought and sold during the year.

Management fees and operating expenses charged to the Plan for investments in the mutual funds, collective trust funds and the separately managed account are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Administrative Expenses - Certain administrative expenses of the Plan are paid by the Plan as provided in the Plan document. A portion of the legal fees incurred in the administration of the Plan were also allocated to participants' accounts on a pro-rata basis.

3. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Fifth Third Bancorp provided the Plan with certain accounting and administrative services for which no fees were charged. Additionally, the Plan invests in mutual funds sponsored by affiliates of the custodian and recordkeeper. The Great West T. Rowe Price Mid Cap Growth Fund is sponsored by an affiliate of the Plan's trustee. The Empower Self-Directed Brokerage Accounts are sponsored by an affiliate of the Plan's recordkeeper. Also, a portion of the Empower Self-Directed Brokerage Accounts are invested in funds sponsored by the Plan's trustee, Great West.

4. FAIR VALUE MEASUREMENTS

The Plan measures certain financial assets and liabilities at fair value in accordance with U.S. GAAP, which defines fair value as 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. U.S. GAAP also establishes a fair value hierarchy, which prioritizes the inputs to valuation techniques used to measure fair value into three broad levels. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). A financial instrument's categorization within the fair value hierarchy is based upon the lowest level of input that is significant to the instrument's fair value measurement. The three levels within the fair value hierarchy are described as follows:

Level 1 - Quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 inputs include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 - Unobservable inputs for the asset or liability for which there is little, if any, market activity at the measurement date. Unobservable inputs reflect the Plan's own assumptions about what market participants would use to price the asset or liability. The inputs are developed based on the best information available in the circumstances, which might include the Plan's own financial data such as internally developed pricing models, discounted cash flow methodologies, as well as instruments for which the fair value determination requires significant management judgment.

The methods described above involve various valuation techniques and models, which involve inputs that are observable, when available. Valuation techniques and parameters used for measuring assets and liabilities are reviewed and validated on a quarterly basis. Additionally, the Plan monitors the fair values of significant assets and liabilities using a variety of methods including the evaluation of pricing runs and exception reports based on certain analytical criteria, comparison to previous trades and overall review and assessments for reasonableness.

The following table summarizes assets measured at fair value on a recurring basis. In accordance with U.S. GAAP, the collective funds measured at net asset value have not been classified in the fair value hierarchy. The fair value amounts presented in the table below are intended to permit reconciliation to the amounts presented in the Statements of Net Assets Available for Benefits.

As of	December 31, 2020	December 31, 2019
Investments - Level 1		
Cash equivalents	\$ 203,821,356	134,934,043
Separately managed account - common stock	80,620,802	66,701,765
Mutual funds	538,168,257	374,324,510
Total investments - Level 1	822,610,415	575,960,318
Investments measured at NAV - Collective funds	2,522,270,408	1,887,590,840
Total investments	\$ 3,344,880,823	2,463,551,158

The following is a description of the valuation methodologies used for instruments measured at fair value, as well as the general classification of such instruments pursuant to the valuation hierarchy.

Cash and cash equivalents

Cash and cash equivalents are comprised of money market mutual funds that invest in short-term money market instruments that are issued and payable in U.S. dollars. The Plan measures its cash equivalent funds that are exchange-traded using the fund's quoted price, which is in an active market. Therefore, these investments are classified within Level 1 of the valuation hierarchy.

Separately managed account

The Plan measures common stock using the stock's quoted price, which is available in an active market. Therefore, these investments are classified within Level 1 of the valuation hierarchy.

Mutual funds

The Plan measures its mutual funds that are exchange-traded, including the self-directed brokerage account offering mutual funds, using the fund's quoted price, which is available in an active market. Therefore, these investments are classified within Level 1 of the valuation hierarchy.

Collective funds

Investments in collective funds are valued based upon the redemption price of units held by the Plan. Unit values are determined by the financial institution sponsoring such funds by dividing the fund's net assets at fair value by its units outstanding at the valuation dates to obtain the investment's NAV. The Plan uses these NAVs as a practical expedient to determine the fair value of its investments in collective funds, so these investments are not classified within the fair value hierarchy. Investments in the collective funds do not have a holding period and there are no unfunded commitments.

The collective funds seek an investment return that approximates as closely as practicable, before expenses, the performance of the associated investment index over the long term.

The collective funds are managed using a passive or indexing investment approach, by which the sponsoring investment institution attempts to invest in the securities comprising the relevant investment index in the same proportions as they are represented in the index. In some cases, it may not be possible or practicable to purchase all of the securities comprising the index, or to hold them in the same weightings as they represent in the index. From time to time, the sponsoring investment institution may

purchase securities that are not yet represented in the index or sell securities that have not yet been removed from the index.

5. RECONCILIATION OF DIFFERENCES BETWEEN THESE FINANCIAL STATEMENTS AND THE FINANCIAL INFORMATION REQUIRED ON FORM 5500

The following is a reconciliation of the differences between these financial statements and the financial information shown on Form 5500:

For the year ended:	December 31, 2020
Changes in net assets available for benefits per the financial statements	\$ 886,138,158
Less transfer from MB Financial, Inc. 401(k) Profit Sharing Plan to the Plan	<u>(397,556,293)</u>
Changes in net assets available for benefits per the Form 5500	<u>\$ 488,581,865</u>
As of:	December 31, 2019
Net assets available for benefits per the financial statements	\$ 2,495,851,356
Add receivable for transfer from MB Financial, Inc. 401(k) Profit Sharing Plan to the Plan	<u>397,556,293</u>
Net assets available for benefits per the Form 5500	<u>\$ 2,893,407,649</u>

Reconciliations between the financial statements and the Form 5500 are required because the financial statements are prepared on the accrual basis of accounting, whereas the Form 5500 is prepared on the modified cash basis of accounting.

SUPPLEMENTAL SCHEDULE

THE FIFTH THIRD BANCORP 401(K) SAVINGS PLAN

SCHEDULE H, PART IV, LINE 4(i)

EIN #31-0854434 PLAN #001

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2020

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost**	Current Value
CASH AND CASH EQUIVALENTS:			
Dreyfus	Government Cash Management Fund	\$	1,886,636
Vanguard	Vanguard Federal Money Market Fund		201,934,720
Total Cash and Cash Equivalents			203,821,356
SEPARATELY MANAGED ACCOUNT - COMMON STOCK:			
Advance Auto Parts, Inc.	Common Stock	\$	2,361,548
AECOM	Common Stock		1,126,969
American Express Company	Common Stock		1,111,284
American International Group, Inc.	Common Stock		2,848,814
Anthem, Inc.	Common Stock		1,765,995
Aramark	Common Stock		3,120,420
Broadcom, Inc.	Common Stock		2,631,041
Chevron Corporation	Common Stock		1,192,687
Chubb Limited	Common Stock		2,375,601
Citigroup, Inc.	Common Stock		1,379,458
Coca-Cola European Partners	Common Stock		1,956,675
Cognizant Tech Solutions Corporation	Common Stock		2,281,406
Comcast Corporation	Common Stock		2,116,593
Corteva, Inc.	Common Stock		2,493,258
CVS Health Corporation	Common Stock		1,902,497
Deere & Company	Common Stock		2,484,677
Dollar General Corporation	Common Stock		822,904
DuPont de Nemours, Inc.	Common Stock		1,672,009
Edison International	Common Stock		823,947
Exelon Corporation	Common Stock		1,703,493
Flir Systems, Inc.	Common Stock		887,470
General Dynamics Corporation	Common Stock		1,615,441
Goldman Sachs Group, Inc.	Common Stock		2,335,152
Hess Corporation	Common Stock		822,996
International Flavors and Fragrances, Inc.	Common Stock		843,075
J.B. Hunt Transport Services, Inc.	Common Stock		1,918,566
Jacobs Engineering Group Inc.	Common Stock		647,113
JPMorgan Chase & Co.	Common Stock		1,893,724
Lennar Corporation	Common Stock		2,029,852

(Continued)

THE FIFTH THIRD BANCORP 401(K) SAVINGS PLAN

SCHEDULE H, PART IV, LINE 4(i)

EIN #31-0854434 PLAN #001

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2020

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost**	Current Value
SEPARATELY MANAGED ACCOUNT - COMMON STOCK (continued):			
Lowe's Companies, Inc.	Common Stock	\$	2,338,952
Medtronic plc	Common Stock		2,260,802
MGM Growth Properties LLC	Common Stock		1,671,545
New York Community Bancorp, Inc.	Common Stock		1,101,072
Northern Trust Corporation	Common Stock		1,086,664
Oracle Corporation	Common Stock		699,687
Phillips 66	Common Stock		2,268,294
QUALCOMM Incorporated	Common Stock		1,673,455
Quanta Services, Inc.	Common Stock		940,005
Raytheon Technologies Corporation	Common Stock		2,015,795
Stanley Black & Decker, Inc.	Common Stock		2,347,885
Texas Instruments Incorporated	Common Stock		1,825,126
U.S. Bancorp	Common Stock		2,348,043
UnitedHealth Group Incorporated	Common Stock		1,737,970
Valero Energy Corporation	Common Stock		615,199
Wells Fargo & Company	Common Stock		1,836,362
Westinghouse Air Brake Technologies Corp.	Common Stock		1,578,997
Willis Towers Watson plc	Common Stock		1,110,284
Total Separately Managed Account - Common Stock			<u>80,620,802</u>
MUTUAL FUNDS:			
Alliance Bernstein	Alliance Bernstein Small Cap Growth Fund		114,762,858
American Century	American Century Inflation-Adjusted Bond Fund		23,887,346
*Empower	Empower Self-Directed Brokerage Accounts***		67,391,113
*Great West	Great West T. Rowe Price Mid Cap Growth Fund		114,709,042
JPMorgan	JPMorgan Short Duration Bond Fund		25,296,018
Vanguard	Vanguard International Growth Fund		192,121,880
Total Mutual Funds			<u>538,168,257</u>
COLLECTIVE FUNDS:			
American Century	American Century U.S. Mid Cap Value Equity Fund		73,360,415
JPMorgan	JPMorgan Core Bond Fund		107,469,397
JPMorgan	JPMorgan Target Retirement Date 2020 Fund		60,937,608
JPMorgan	JPMorgan Target Retirement Date 2025 Fund		132,457,277

(Continued)

THE FIFTH THIRD BANCORP 401(K) SAVINGS PLAN

SCHEDULE H, PART IV, LINE 4(i)

EIN #31-0854434 PLAN #001

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

AS OF DECEMBER 31, 2020

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost**	Current Value
COLLECTIVE FUNDS (continued):			
JPMorgan	JPMorgan Target Retirement Date 2030 Fund	\$	140,511,615
JPMorgan	JPMorgan Target Retirement Date 2035 Fund		137,943,120
JPMorgan	JPMorgan Target Retirement Date 2040 Fund		109,067,240
JPMorgan	JPMorgan Target Retirement Date 2045 Fund		99,487,473
JPMorgan	JPMorgan Target Retirement Date 2050 Fund		69,967,778
JPMorgan	JPMorgan Target Retirement Date 2055 Fund		34,442,926
JPMorgan	JPMorgan Target Retirement Date 2060 Fund		9,234,779
JPMorgan	JPMorgan Target Retirement Date Income Fund		40,865,572
State Street Global Advisors	State Street Global Advisors All Cap Equity Ex-U.S. Index Non-Lending Series Class K		207,423,430
State Street Global Advisors	State Street Global Advisors Russell Large Cap Growth Index Non-Lending Series Class C		191,285,361
State Street Global Advisors	State Street Global Advisors Russell Large Cap Value Index Non-Lending Series Class C		105,906,805
State street Global Advisors	State Street Global Advisors Russell Small Cap Index Non-Lending Series Class C		67,846,545
State Street Global Advisors	State Street Global Advisors S&P 500 Index Non-Lending Series Class K		318,645,101
State Street Global Advisors	State Street Global Advisors S&P Mid Cap Index Non-Lending Series Class C		144,012,958
State Street Global Advisors	State Street Global Advisors U.S. Bond Index Non-Lending Series Class C		137,524,539
T Rowe Price	T. Rowe Price Blue Chip Growth Trust Class T2		300,452,076
Victory	Victory Small Cap Value Fund		33,428,393
Total Collective Funds			<u>2,522,270,408</u>
PARTICIPANT LOANS:			
*Various	Participant notes receivable (3.50-9.25% interest rate and maturing on various dates through August 2029)		31,830,178
TOTAL			<u><u>\$ 3,376,711,001</u></u>

*A party-in-interest as defined by ERISA

**Cost information for participant directed investments is not required and, therefore, is not included

***Part of the self-directed brokerage account

Plan Name: The Fifth Third Bancorp 401(K) Savings Plan
Plan Number: 150093-01 EIN: 31-0854434 PN: 001
For Period Ending: 12/31/2020

(A) Party In Interest *	(B) Identity of Party	Description of Asset	(D) Cost **	(E) Current Value
*	VARIOUS	Participant Loans -- Interest Rate (Low 3.50 High 9.25)	N/A	31,830,178.17
	CCT	American Century Us Mid Cap Value Eq Tr	N/A	73,360,415.03
	CCT	JPMCB Core Bond Fund-Cf	N/A	107,469,396.86
	CCT	JPMCB Smart-Retirement DRE 2060 Fund-Cf	N/A	9,234,779.28
	CCT	JPMCB Smart-Retirement DRE 2055 Fund-Cf	N/A	34,442,925.68
	CCT	JPMCB Smart-Retirement DRE Inc Fund-Cf	N/A	40,865,572.07
	CCT	JPMCB Smart-Retirement DRE 2020 Fund-Cf	N/A	60,937,607.57
	CCT	JPMCB Smart-Retirement DRE 2050 Fund-Cf	N/A	69,967,778.35
	CCT	JPMCB Smart-Retirement DRE 2045 Fund-Cf	N/A	99,487,472.74
	CCT	JPMCB Smart-Retirement DRE 2040 Fund-Cf	N/A	109,067,240.07
	CCT	JPMCB Smart-Retirement DRE 2025 Fund-Cf	N/A	132,457,276.66
	CCT	JPMCB Smart-Retirement DRE 2035 Fund-Cf	N/A	137,943,120.49
	CCT	JPMCB Smart-Retirement DRE 2030 Fund-Cf	N/A	140,511,615.12
	CCT	SSgA Global All Cap Equity Ex-Us Index Ksgacek	N/A	207,423,430.04
	CCT	SSgA Russell Large Cap Gr Idx NI Ser C	N/A	191,285,361.28
	CCT	SSgA Russell Large Cap Val Idx NI Ser C	N/A	105,906,804.64
	CCT	SSgA S&P 500 Index Fund Class K	N/A	318,645,100.95
	CCT	State St Us Bnd Idx NI CI M	N/A	137,524,539.00
	CCT	State Street Russell Sm Cap Idx NI CI Ksscnlk	N/A	67,846,544.96
	CCT	State Street S&P Mid Cap Index NI CI M	N/A	144,012,958.40
	CCT	T. Rowe Price Blue Chip Growth Trust T2	N/A	300,452,075.56
	CCT	Victory Small Cap Value Collective 75	N/A	33,428,393.45
	RIC	AB Small Cap Growth Z	N/A	114,762,857.67
	RIC	American Century Inflation Adj Bond R6	N/A	23,887,346.11
*	RIC	Great-West T. Rowe Price Mid Cap Gr Instmxykx	N/A	114,709,042.16
	RIC	Jpmorgan Short Duration Bond R6	N/A	25,296,018.18
	RIC	Vanguard International Growth Adm	N/A	192,121,880.04
	RIC	Vanguard Federal Money Market Inv	N/A	200,634,773.49
	RIC	Vanguard Federal Money Market Inv	N/A	878,951.46
	RIC	Vanguard Federal Money Market Inv	N/A	420,994.96
*	Brokerage	Empower SDB Pre-Tax	N/A	63,679,278.53
*	Brokerage	Empower SDB Roth	N/A	3,711,834.08
	IBC	Dreyfus Government Cash Mgmt Govt Cash Mgmt - Inst Shares 262006208	N/A	1,886,635.65
	Equities	Advance Auto Parts Common Stock 00751Y106	N/A	2,361,547.43
	Equities	Aecom Technology Corp Common Stock 00766T100	N/A	1,126,969.42
	Equities	American Express Co Common Stock 025816109	N/A	1,111,283.81
	Equities	American International Grp Inc Common Stock 026874784	N/A	2,848,813.56
	Equities	Anthem Inc Common Stock 036752103	N/A	1,765,995.00
	Equities	Aramark Holdings Corp Common Stock 03852U106	N/A	3,120,420.16
	Equities	Broadcom Inc Common Stock 11135F101	N/A	2,631,040.65
	Equities	Chevron Corp Common Stock 166764100	N/A	1,192,687.35
	Equities	Chubb Limited Common Stock H1467J104	N/A	2,375,601.28
	Equities	Citigroup Inc Common Stock 172967424	N/A	1,379,457.52
	Equities	Coca-Cola European Partners Common Stock G25839104	N/A	1,956,674.61
	Equities	Cognizant Tech Solutions Corp Common Stock 192446102	N/A	2,281,406.05
	Equities	Comcast Corp Common Stock Cl.A 20030N101	N/A	2,116,593.20
	Equities	Corteva Inc Common Stock 22052L104	N/A	2,493,258.24
	Equities	Cvs Health Corp Common Stock 126650100	N/A	1,902,496.50
	Equities	Deere & Co Common Stock 244199105	N/A	2,484,676.75
	Equities	Dollar General Corp Common Stock 256677105	N/A	822,903.90
	Equities	Dupont De Nemours Inc Common Stock 26614N102	N/A	1,672,009.43
	Equities	Edison International Common Stock 281020107	N/A	823,947.12
	Equities	Exelon Corp Common Stock 30161N101	N/A	1,703,492.56
	Equities	Flir Systems Inc Common Stock 302445101	N/A	887,469.84
	Equities	General Dynamics Corp Common Stock 369550108	N/A	1,615,441.10
	Equities	Goldman Sachs Group Inc Common Stock 38141G104	N/A	2,335,152.05
	Equities	Hess Corp Common Stock 42809H107	N/A	822,996.10
	Equities	Hunt J B Trans Svcs Inc Common Stock 445658107	N/A	1,918,566.00
	Equities	Intl Flavors & Fragrances Inc Common Stock 459506101	N/A	843,074.64
	Equities	Jacobs Engineering Group Inc Common Stock 469814107	N/A	647,113.44
	Equities	Jpmorgan Chase & Co Common Stock 46625H100	N/A	1,893,724.21
	Equities	Lennar Corp Common Stock Cl.A 526057104	N/A	2,029,852.44
	Equities	Lowes Cos Inc Common Stock 548661107	N/A	2,338,951.72
	Equities	Medtronic Plc & Inc Common Stock G5960L103	N/A	2,260,802.00
	Equities	Mgm Growth Properties Op Ptnrs Common Stock Cl.A 55303A105	N/A	1,671,545.20
	Equities	New York Community Bancorp Inc Common Stock 649445103	N/A	1,101,071.85
	Equities	Northern Trust Corp Common Stock 665859104	N/A	1,086,664.38
	Equities	Oracle Corp Common Stock 68389X105	N/A	699,687.04
	Equities	Phillips 66 Common Stock 718546104	N/A	2,268,294.08
	Equities	Qualcomm Inc Common Stock 747525103	N/A	1,673,454.90
	Equities	Quanta Services Inc Common Stock 74762E102	N/A	940,005.04
	Equities	Raytheon Technologies Corp Common Stock 75513E101	N/A	2,015,795.39
	Equities	Stanley Black & Decker Inc Common Stock 854502101	N/A	2,347,885.44
	Equities	Texas Instruments Inc Common Stock 882508104	N/A	1,825,125.60
	Equities	Unitedhealth Group Inc Common Stock 91324P102	N/A	1,737,970.08
	Equities	US Bancorp Common Stock 902973304	N/A	2,348,042.82
	Equities	Valero Energy Corp Common Stock 91913Y100	N/A	615,198.75
	Equities	Wells Fargo & Co Common Stock 949746101	N/A	1,836,362.46
	Equities	Westinghouse Air Brake Tech Co Common Stock 929740108	N/A	1,578,997.20
	Equities	Willis Towers Watson Plc Common Stock G96629103	N/A	1,110,283.60
Total			0.00	3,376,711,000.61

* Party in Interest

** Not required for participant directed accounts