

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt;">2020</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information

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

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

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

<p>1a Name of plan <u>AMAZON 401(K) PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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>AMAZON.COM SERVICES, LLC</u></p> <p><u>440 TERRY AVENUE NORTH</u> <u>SEATTLE, WA 98109</u></p>	<p>1c Effective date of plan <u>11/01/1996</u></p> <p>2b Employer Identification Number (EIN) <u>91-1986545</u></p> <p>2c Plan Sponsor's telephone number <u>206-266-1000</u></p> <p>2d Business code (see instructions) <u>541990</u></p>

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.	10/08/2021	STEVE WINTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor 401(K) COMMITTEE 440 TERRY AVENUE NORTH SEATTLE, WA 98109	3b Administrator's EIN 91-1986545 3c Administrator's telephone number 206-266-1000
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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 AMAZON.COM SERVICES, INC. c Plan Name AMAZON.COM 401(K) PLAN	4b EIN 91-1986545 4d PN 001
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5 Total number of participants at the beginning of the plan year	5	634944
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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)	597200
a(2) Total number of active participants at the end of the plan year	6a(2)	1043093
b Retired or separated participants receiving benefits.....	6b	101
c Other retired or separated participants entitled to future benefits	6c	64391
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	1107585
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	504
f Total. Add lines 6d and 6e	6f	1108089
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	582149
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	92861

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	
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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 2S 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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) 0 **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 AMAZON 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 AMAZON.COM SERVICES, LLC	D Employer Identification Number (EIN) 91-1986545	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 60 64 65 71	RECORDKEEPER	2030373	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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)

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			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
INVESCO SUMMIT CLASS A 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
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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
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Part I Service Provider Information (continued)

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Part I Service Provider Information (continued)

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Part I Service Provider Information (continued)

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Part I Service Provider Information (continued)

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(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

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(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.

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

A Name of plan <u>AMAZON 401(K) 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>AMAZON.COM SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>91-1986545</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)

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SS RSL LGCPGR IDX C</u>	b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>	
c EIN-PN <u>90-0337987-228</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>644321243</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SS RSL LGCPVAL IDX C</u>	b Name of sponsor of entity listed in (a): <u>STATE STREET BANK & TRUST COMPANY</u>	
c EIN-PN <u>90-0337987-226</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>141393167</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET 2015</u>	b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>	
c EIN-PN <u>47-6935471-001</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>33509679</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET 2020</u>	b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>	
c EIN-PN <u>47-6935530-001</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>91496597</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET 2025</u>	b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>	
c EIN-PN <u>47-6938034-001</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>252441690</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET 2030</u>	b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>	
c EIN-PN <u>47-6938065-001</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>405001716</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VANGUARD TARGET 2035</u>	b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>	
c EIN-PN <u>47-6941311-001</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>673276804</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET 2040**

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

c EIN-PN 47-6941351-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	860853133
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET 2045**

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

c EIN-PN 47-6944355-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1149237762
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET 2050**

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

c EIN-PN 47-6944390-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1306615959
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET 2055**

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

c EIN-PN 47-6948719-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1114044649
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET 2060**

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

c EIN-PN 47-6948754-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	509430918
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET 2065**

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

c EIN-PN 82-6200492-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	108297435
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET INC**

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

c EIN-PN 47-6930815-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	59103009
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANG INST 500 IDX TR**

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

c EIN-PN 81-6327546-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1157779135
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VG IS TL INTL STK MK**

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

c EIN-PN 81-6317280-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	271728099
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VG IS TOT BD MKT IDX**

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

c EIN-PN 81-6321044-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	229415412
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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
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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 AMAZON 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AMAZON.COM SERVICES, LLC	D Employer Identification Number (EIN) 91-1986545

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	0	697766
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	945762	16840083
(2) Participant contributions.....	127703	86449989
(3) Other	0	0
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	0	33746372
(2) U.S. Government securities	0	0
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	0	0
(B) All other	0	0
(4) Corporate stocks (other than employer securities):		
(A) Preferred	0	0
(B) Common	0	0
(5) Partnership/joint venture interests	0	0
(6) Real estate (other than employer real property)	0	0
(7) Loans (other than to participants)	0	0
(8) Participant loans	76007530	129403404
(9) Value of interest in common/collective trusts.....	6138185285	9287215511
(10) Value of interest in pooled separate accounts	0	0
(11) Value of interest in master trust investment accounts.....	0	0
(12) Value of interest in 103-12 investment entities	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	677234937	1069349344
(14) Value of funds held in insurance company general account (unallocated contracts).....	0	0
(15) Other.....	0	0

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1467071575	2427939132
(2)	Employer real property.....	0	0
e	Buildings and other property used in plan operation.....	0	0
f	Total assets (add all amounts in lines 1a through 1e).....	8359572792	13051641601
Liabilities			
g	Benefit claims payable.....	0	0
h	Operating payables.....	0	0
i	Acquisition indebtedness.....	0	0
j	Other liabilities.....	0	0
k	Total liabilities (add all amounts in lines 1g through 1j).....	0	0
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	8359572792	13051641601

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers.....	391442046	
	(B) Participants.....	1818338426	
	(C) Others (including rollovers).....	603703867	
(2)	Noncash contributions.....	0	2813484339
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)		
b	Earnings on investments:		
(1)	Interest:		2962789
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	-1686027	
	(B) U.S. Government securities.....	0	
	(C) Corporate debt instruments.....	0	
	(D) Loans (other than to participants).....	0	
	(E) Participant loans.....	4648816	
	(F) Other.....	0	
	(G) Total interest. Add lines 2b(1)(A) through (F)		
(2)	Dividends: (A) Preferred stock.....	0	36078798
	(B) Common stock.....	2432	
	(C) Registered investment company shares (e.g. mutual funds).....	36076366	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)		
(3)	Rents.....		0
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	1687154545	90424796
	(B) Aggregate carrying amount (see instructions).....	1596729749	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....		
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate.....	0	993612407
	(B) Other.....	993612407	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		1295500503
(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)		132460395
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		5364524027

Expenses

e Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	668587783	
(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)		668587783

f Corrective distributions (see instructions).....

2f		1569516
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g Certain deemed distributions of participant loans (see instructions).....

2g		291641
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h Interest expense.....

2h		0
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i Administrative expenses: **(1)** Professional fees

2i(1)	0		
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other.....	2i(4)	2006278	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2006278

j Total expenses. Add all **expense** amounts in column (b) and enter total.....

2j		672455218
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Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4692068809
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) Unmodified **(2)** Qualified **(3)** Disclaimer **(4)** Adverse

b 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: ERNST & YOUNG LLP

(2) EIN: 34-6565596

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
4a	X		3465

		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		20000000
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	X		

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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>AMAZON 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AMAZON.COM SERVICES, LLC</u>	D Employer Identification Number (EIN) <u>91-1986545</u>	

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	
---	--

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): 04-6568107 23-2186884

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

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

3	
---	--

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a
b Enter the amount contributed by the employer to the plan for this plan year	6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation _____

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

Amazon 401(k) Plan (*formerly the Amazon.com 401(k) Plan*)
As of December 31, 2020 and 2019, and for the
Year Ended December 31, 2020
With Report of Independent Auditors

Amazon 401(k) Plan
(formerly the Amazon.com 401(k) Plan)

Financial Statements and Supplemental Schedules

As of December 31, 2020 and 2019, and for the
Year Ended December 31, 2020

Contents

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Report of Independent Auditors

The Plan Administrative Committee
Amazon 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Amazon 401(k) Plan (*formerly the Amazon.com 401(k) 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 conformity with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified investment information described in Note 4, which was certified by Vanguard Fiduciary Trust Company and Fidelity Management Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Fidelity Management Trust

Company held the Plan's investment assets and executed investment transactions for the period from January 8, 2020 through December 31, 2020 and that Vanguard Fiduciary Trust Company held the Plan's investment assets as of December 31, 2019 and executed investment transactions from December 31, 2019 to January 7, 2020. The plan administrator has obtained certifications from the trustees as of December 31, 2020 and 2019, and for the year ended December 31, 2020, stating that the investment information provided to the plan administrator by the trustees is complete and accurate.

Disclaimer of Opinion on Financial Statements

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

Disclaimer of Opinion on Supplemental Schedules

The accompanying supplemental schedules of assets (held at end of year) as of December 31, 2020, and delinquent participant contributions for the year then ended, are presented for purposes of additional analysis and are not a required part of the financial statements but are 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. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Compliance of Form and Content with Department of Labor's Rules and Regulations

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

Ernst + Young LLP

September 29, 2021

Amazon 401(k) Plan
(formerly the Amazon.com 401(k) Plan)

Statements of Net Assets Available for Benefits

(In Thousands)

	December 31	
	2020	2019
Assets		
Investments, at fair value	\$ 12,818,948	\$ 8,282,492
Receivables:		
Company contributions	16,840	945
Participant contributions	86,450	128
Notes receivable from participants	129,403	76,007
Total receivables	232,693	77,080
Total assets	13,051,641	8,359,572
Net assets available for benefits	\$ 13,051,641	\$ 8,359,572

See accompanying notes.

Amazon 401(k) Plan
(formerly the Amazon.com 401(k) Plan)

Statement of Changes in Net Assets Available for Benefits

(In Thousands)

Year Ended December 31, 2020

Additions

Investment income:

 Net appreciation in fair value of investments \$ 2,507,350

 Interest and dividends 39,042

Total investment income 2,546,392

Interest income on notes receivable from participants 4,649

Participant contributions 1,818,337

Company contributions 391,442

Participant rollovers 603,704

Total additions 5,364,524

Deductions

Benefit payments and other disbursements (670,449)

Administrative expenses (2,006)

Total deductions (672,455)

Net increase 4,692,069

Net assets available for benefits:

 Beginning of year 8,359,572

 End of year \$ 13,051,641

See accompanying notes.

Amazon 401 (k) Plan
(formerly the Amazon.com 401(k) Plan)

Notes to Financial Statements

(In Thousands)

December 31, 2020

1. Description of Plan

The following description of the Amazon 401(k) Plan *(formerly the Amazon.com 401(k) Plan)* (the Plan) provides only general information. The plan document contains a complete description of the Plan's provisions. In January 2020, the recordkeeper and trustee for the Amazon 401(k) Plan changed from Vanguard Fiduciary Trust Company (Vanguard) to Fidelity Management Trust Company (Fidelity). Assets were transferred from Vanguard to Fidelity effective January 7, 2020. In addition, a number of amendments were adopted effective January 1, 2020 related to the name of the plan, eligibility, vesting, distributions, automatic enrollment, in-plan Roth conversions, self-directed brokerage account feature, hardship withdrawals, de minimis rollovers and loan policies.

General and Eligibility

The Plan is a defined contribution plan that covers eligible employees of Amazon.com Services, Inc. and participating subsidiaries of Amazon.com, Inc. (collectively, the Company). Amazon.com Services, Inc., a wholly owned subsidiary of Amazon.com, Inc., is the plan sponsor. All such employees who are at least 18 years of age are eligible to contribute to the Plan immediately upon hire. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 as amended (ERISA).

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (CARES) Act was passed by Congress. The CARES Act contains several provisions that temporarily impact 401(k) plans, including the waiver of required minimum distributions, a new hardship withdrawal option, increased loan limits, and a pause option for loan payments. The provisions of the CARES Act may be effective and operationalized immediately, prior to amending the plan document. The Plan has adopted certain relief provisions included in the CARES Act.

Contributions

Subject to the annual limitations prescribed by the Internal Revenue Code of 1986 (the Code), participants may contribute up to 90% of their individual annual compensation, as defined in the plan document. Participants may also roll over amounts representing pre-tax or Roth after-tax distributions from other qualified plans. Participants may direct the investment of contributions

Amazon 401(k) Plan
(formerly the Amazon.com 401(k) Plan)

Notes to Financial Statements

(In Thousands)

December 31, 2020

1. Description of Plan (continued)

Contributions (continued)

to any of the Plan's investment fund options. The Company Stock Fund is an available investment alternative for matching contributions and is not an available investment alternative for employee contributions.

The Company makes matching contributions to the Plan equal to 50% of each participant's contributions (excluding rollover and catch-up contributions), with a maximum contribution amount eligible to be matched of 4% of a participant's annual compensation as defined by the Plan.

Participant Accounts

The Plan requires an individual account for each participant and provides individual benefits based on amounts contributed to the participant's account and the investment experience on such amounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their own contributions, as well as any actual earnings thereon. Participants are 100% vested in Company contributions and any actual earnings on such amounts after three years of service.

Forfeitures

To the extent a participant is not 100% vested upon termination of employment, the participant forfeits Company contributions in his or her account on the earlier of the date the participant takes a distribution of his or her vested interest in the Plan or the date the participant incurs a five-consecutive-year break in vesting service (within the meaning of the plan document). Any contribution by the Company to a participant's account that is so forfeited will be used for the following purposes as directed by the plan administrator: (i) reduce future matching contributions (ii) pay plan administrative expenses (iii) restore forfeited accounts. At December 31, 2020 and 2019, unallocated forfeitures were \$2,905 and \$511, respectively. During 2020, the Company used \$37,000 in forfeitures to offset Company contributions.

Amazon 401(k) Plan
(formerly the Amazon.com 401(k) Plan)

Notes to Financial Statements

(In Thousands)

December 31, 2020

1. Description of Plan (continued)

Payments of Benefits

A participant who has not terminated employment is entitled to withdraw all or any portion of his or her vested account balance upon attainment of age 59 1/2 or upon financial hardship. A participant who has terminated employment and whose vested account balance exceeds \$5 will receive a distribution of his or her entire vested interest in the Plan when so elected and not later than his or her required beginning date (within the meaning of the plan document). If the participant's vested account balance is more than \$1 but less than \$5, the amount will be rolled over to a Fidelity individual retirement account equal to his or her entire vested interest. If the participant's vested account balance is \$1 or less upon termination of service, the amount will be distributed to the participant in a lump sum equal to his or her entire vested interest.

Pursuant to the CARES Act, the Plan made special in-service, coronavirus-related distributions of up to \$100,000 available between April 6, 2020 and December 31, 2020 to qualifying participants impacted by the coronavirus. Also pursuant to the CARES Act, required minimum distributions were waived for 2020, this included suspending, by default, any pending required minimum distributions between May 1, 2020 and December 31, 2020 and a limited time opportunity to rollover, to an IRA or qualified retirements plans, required minimum distributions processed in 2020 before the suspension could be applied.

Plan Termination

Although it has no intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event the Plan is terminated, participants will become 100% vested in their accounts.

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1 up to a maximum amount equal to the lesser of 50% of their vested account balance or \$50 (less the highest outstanding loan balance in the prior year). Loan terms range from one to five years, or up to 15 years for the purchase of a primary residence. All loans will bear interest at a commercially reasonable rate determined by the plan administrator and are secured by the participant's vested account balance. Participant loans are treated as notes receivable to participants' accounts. Principal and interest

Amazon 401(k) Plan
(formerly the Amazon.com 401(k) Plan)

Notes to Financial Statements

(In Thousands)

December 31, 2020

1. Description of Plan (continued)

Participant Loans (continued)

can be repaid by participants ratably through payroll deductions or as a lump sum for the outstanding loan balance. Partial repayments of the outstanding loan balance are permitted.

Pursuant to the CARES Act, the Plan made special loans available between April 27, 2020 and September 22, 2020 to qualifying participants impacted by the coronavirus with the limit for these loans increasing to the lesser of \$100,000 or 100% of their vested account balances. Additionally, qualifying participants impacted by the coronavirus had the opportunity to suspend loan repayments otherwise due between March 31, 2020 and December 31, 2020 (including repayments on the special CARES Act loans), with the unpaid interest being re-amortized across the remainder of the loan and payments re-commencing in January 2021.

Administrative Expenses

The Plan's trustee and recordkeeper are Fidelity and Fidelity Workplace Services Defined Contribution Recordkeeping Services, respectively. Investment management fees are charged on all plan investments, except the Company Stock Fund asset base. Recordkeeping fees for terminated participants and transaction fees deducted from net assets available for benefits were \$2,006 for the year ended December 31, 2020. In addition, the Company pays recordkeeping fees for active participants and other administrative expenses of the Plan.

2. Summary of Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared in conformity with U.S. generally accepted accounting principles (GAAP) using the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts in the financial statements and accompanying notes and supplemental schedules. Although the plan administrator believes that the Plan's estimates, assumptions, and judgments are reasonable, they are based upon

Amazon 401(k) Plan
(formerly the Amazon.com 401(k) Plan)

Notes to Financial Statements

(In Thousands)

December 31, 2020

2. Summary of Accounting Policies (continued)

Use of Estimates (continued)

information presently available. Actual results may differ significantly from these estimates under different assumptions, judgments, or conditions.

Notes Receivable from Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance, plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are recorded when they are incurred. No allowance for credit losses has been recorded as of December 31, 2020 or 2019. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (see Note 3, Fair Value Measurements).

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

Payment of Benefits and Other Distributions

Benefit payments and other disbursements are recorded when paid.

Risks and Uncertainties

The Plan provides for various investment options in mutual funds, the Company Stock Fund, and collective trust funds. Investment securities, in general, are exposed to various risks, such as interest rate, market volatility, and credit. Due to the level of risk associated with certain

Amazon 401(k) Plan
(formerly the Amazon.com 401(k) Plan)

Notes to Financial Statements

(In Thousands)

December 31, 2020

2. Summary of Accounting Policies (continued)

Risks and Uncertainties (continued)

investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the fair values of the investment securities will occur in the near term and that such changes could materially affect the value of participants' account balances and the amounts reported on the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

Subsequent Events

The Plan has evaluated subsequent events through September 29, 2021, the date the financial statements were available to be issued.

3. Fair Value Measurements

Fair value is defined 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. To increase the comparability of fair value measurements, the following hierarchy prioritizes the inputs to valuation methodologies used to measure fair value.

- Level 1:* Valuations based on quoted prices for identical assets and liabilities in active markets.
- Level 2:* Valuations based on observable inputs other than quoted prices included in Level 1, such as quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data.
- Level 3:* Valuations based on unobservable inputs reflecting the plan administrator's own assumptions, consistent with reasonably available assumptions made by other market participants.

The Plan did not hold any cash, cash equivalents, or marketable securities categorized as Level 2 or Level 3 as of December 31, 2020 or 2019.

Amazon 401(k) Plan
(formerly the Amazon.com 401(k) Plan)

Notes to Financial Statements

(In Thousands)

December 31, 2020

3. Fair Value Measurements (continued)

The self-directed brokerage account feature consists of mutual funds, money market funds and corporate stock.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 or 2019.

- *Mutual funds and money market funds:* Valued at the net asset value of shares held by the Plan based on quoted prices in active markets.
- *Company Stock Fund:* Valued at share value based on quoted prices in an active market.
- *Collective trust funds:* Valued at the net asset value (NAV) as the practical expedient based on the collective trust's underlying investments as determined by the fund's issuer.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2020 and 2019:

	2020	
	Level 1	Total
Investments:		
Self-directed brokerage accounts	\$ 121,021	\$ 121,021
Mutual funds	982,773	982,773
Company Stock Fund	2,427,939	2,427,939
	<u>\$ 3,531,733</u>	3,531,733
Collective trust funds (NAV)		<u>9,287,215</u>
Total assets		<u>\$ 12,818,948</u>

Amazon 401(k) Plan
(formerly the Amazon.com 401(k) Plan)

Notes to Financial Statements

(In Thousands)

December 31, 2020

3. Fair Value Measurements (continued)

	2019	
	Level 1	Total
Investments:		
Mutual funds	\$ 677,235	\$ 677,235
Company Stock Fund	1,467,072	1,467,072
	<u>\$ 2,144,307</u>	<u>2,144,307</u>
Collective trust funds (NAV)		6,138,185
Total assets		<u>\$ 8,282,492</u>

4. Investments

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the investment information certified by Fidelity, except for comparing such information to information included in the Plan's financial statements and the applicable supplemental schedules.

All investment information disclosed in the accompanying financial statements and supplemental schedule of assets (held at end of year) was obtained or derived from investment information provided to the plan administrator and certified as complete and accurate by Fidelity.

There are no participant level redemption restrictions or future commitments on the instruments that use NAV as the practical expedient. There is a plan level 12 month put option redemption restriction for the Vanguard Retirement Savings Trust III.

5. Income Tax Status

The Plan has received a favorable determination letter from the Internal Revenue Service (IRS), dated September 29, 2016, stating that the terms of the Plan qualify under the requirements of Section 401(a) of the Code to be exempt from taxation. Subsequent to this determination by the IRS, the Plan was restated and amended. Once qualified, the Plan is required to operate in

Amazon 401(k) Plan
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Notes to Financial Statements

(In Thousands)

December 31, 2020

5. Income Tax Status (continued)

conformity with the Code to maintain its qualified status. The plan administrator has indicated that it will take the necessary steps, if any, to maintain the tax-qualified status of Plan.

The plan administrator is required to evaluate uncertain tax positions, if any, taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon termination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, there are no uncertain positions taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions.

6. Party-in-Interest Transactions

Party-in-interest transactions under ERISA include the purchases and sales of shares of mutual funds and the collective trust funds managed by Fidelity, purchases and sales of shares of the Company common stock in the Company Stock Fund, administrative fees paid to Fidelity, and the issuance of participant loans. During 2020, the Plan made purchases of \$49,827 and sales of \$157,690 in the Company Stock Fund. Additionally, as of December 31, 2020 and 2019, the Plan held \$2,427,939 and \$1,467,072 respectively, in the Company Stock Fund. The Company Stock Fund held 745,420 and 793,938 shares as of December 31, 2020 and 2019, respectively. As of December 31, 2020, through the self-directed brokerage feature, the Plan held investments issued by affiliates of Fidelity totaling \$65,641.

SUPPLEMENTAL SCHEDULES

Amazon 401 (k) Plan
(formerly the Amazon.com 401(k) Plan)

EIN #91-1986545 Plan #001

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
(In Thousands)

December 31, 2020

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Current Value	
*	Brokeragelink	Self directed brokerage account	\$ 121,021
	Vanguard Target Retirement 2050 Trust Select	Common/collective trust	1,306,616
	Vanguard Institutional 500 Index Trust	Common/collective trust	1,157,779
	Vanguard Target Retirement 2045 Trust Select	Common/collective trust	1,149,238
	Vanguard Target Retirement 2055 Trust Select	Common/collective trust	1,114,045
	Vanguard Target Retirement 2040 Trust Select	Common/collective trust	860,853
	Vanguard Target Retirement 2035 Trust Select	Common/collective trust	673,277
	State Street Russell Large Cap Growth Index Non-Lending Series Fund; Class C	Common/collective trust	644,321
	State Street Russell Small Mid Cap Index Non-Lending Series Fund; Class K	Common/collective trust	29,301
	Vanguard Target Retirement 2030 Trust Select	Common/collective trust	405,002
	Vanguard Target Retirement 2060 Trust Select	Common/collective trust	509,431
	Vanguard Institutional Total International Stock Market Index Trust	Common/collective trust	271,728
	Vanguard Target Retirement 2025 Trust Select	Common/collective trust	252,442
	Vanguard Retirement Savings Trust III	Common/collective trust	249,969
	Vanguard Institutional Total Bond Market Index Trust	Common/collective trust	229,415
	State Street Russell Large Cap Value Index Non-Lending Series Fund	Common/collective trust	141,393
	Vanguard Target Retirement 2065 Trust Select	Common/collective trust	108,297
	Vanguard Target Retirement 2015 Trust Select	Common/collective trust	33,510
	Vanguard Target Retirement 2020 Trust Select	Common/collective trust	91,497
	Vanguard Target Retirement Income Trust Select	Common/collective trust	59,101
	Vanguard Explorer Fund Admiral Shares	Registered investment company	312,408
	Vanguard FTSE Social Index Fund Institutional Shares	Registered investment company	253,235
	Vanguard Federal Money Market Fund	Registered investment company	2,910
	American Funds EuroPacific Growth Fund; Class R-6	Registered investment company	76,588
	Oakmark International Fund; Class Institutional	Registered investment company	48,377

Amazon 401 (k) Plan
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Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
(In Thousands)

December 31, 2020

(a)	(b)	(c)	(d)
Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Current Value	
American Beacon Small Cap Value Fund; R6 Class	Registered investment company	\$ 129,906	
PIMCO Total Return Funds: institutional Class	Registered investment company	159,349	
* Amazon Stock Fund	Company Stock Fund	2,427,782	
* Stock Purchase Account	Company Stock Fund	157	
Subtotal investments (excluding participant loans)		12,818,948	
* Participant Loans	Interest rates range from 4.25% to 10.5%, maturing through 2036	129,403	
Total Assets		<u>\$ 12,948,351</u>	

*Party-in-interest to the Plan.

*Column (d), Cost, is omitted because all investments are participant-directed

Amazon 401 (k) Plan
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EIN #91-1986545 Plan #001

Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions

Year Ended December 31, 2020

Participant Contributions Transferred Late to Plan Check Here if Late Participant Loan Repayments are Included: <input type="checkbox"/>	Contributions not Corrected	Total That Constitute Non-exempt Prohibited Transactions		Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
\$ 3,465	\$ —	\$ 3,465 ⁽¹⁾	\$ —	\$ —	\$ —	\$ —

(1) Represents delinquent participant contributions from various 2020 pay periods. The Company transmitted lost earnings to the Plan during 2020 and has filed (or is in the process of filing) Forms 5330, *Return of Excise Taxes Related to Employee Benefit Plans*, covering such delinquent participant contributions.

Amazon 401 (k) Plan
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EIN #91-1986545 Plan #001

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
(In Thousands)

December 31, 2020

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Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
(In Thousands)

December 31, 2020

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* Participant Loans	Interest rates range from 4.25% to 10.5%, maturing through 2036	129,403	
Total Assets		<u>\$ 12,948,351</u>	

*Party-in-interest to the Plan.

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Amazon 401 (k) Plan
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Schedule H, Line 4(a) - Schedule of Delinquent Participant Contributions

Year Ended December 31, 2020

	Participant Contributions Transferred Late to Plan	Total That Constitute Non-exempt Prohibited Transactions		
Check Here if Late Participant Loan Repayments are Included: <input type="checkbox"/>	Contributions not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
\$	3,465 \$	— \$	3,465 ⁽¹⁾ \$	— \$

(1) Represents delinquent participant contributions from various 2020 pay periods. The Company transmitted lost earnings to the Plan during 2020 and has filed (or is in the process of filing) Forms 5330, *Return of Excise Taxes Related to Employee Benefit Plans*, covering such delinquent participant contributions.