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

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
ERICSSON US 401(K) PLAN

1b Three-digit plan number (PN) ▶ 006

1c Effective date of plan 07/01/1992

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)
ERICSSON INC.

ATTN BENEFITS DEPARTMENT
6300 LEGACY DRIVE
PLANO, TX 75024

2b Employer Identification Number (EIN) 06-1119960

2c Plan Sponsor's telephone number 972-583-0000

2d Business code (see instructions) 517000

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.	10/12/2022	LARRY CHILDRESS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	15722
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)**	6301
a(2) Total number of active participants at the end of the plan year	**6a(2)**	6250
b Retired or separated participants receiving benefits	**6b**	742
c Other retired or separated participants entitled to future benefits	**6c**	8161
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	15153
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	139
f Total. Add lines **6d** and **6e**	**6f**	15292
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	15229
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 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)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] 0 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan	**B** Three-digit plan number (PN) ▶	
ERICSSON US 401(K) PLAN		006
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
ERICSSON INC.	06-1119960	

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

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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 ASSETS 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	2280441	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
64 50 37 15	NONE	1454916	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAPFINANCIAL PARTNERS LLC DBA CAPTR

4208 SIX FORKS RD STE 1700
RALEIGH, NC 27609

(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 50	NONE	316611	Yes [ ] No [X]	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)

WILLIS TOWERS WATSON US LLC

LOCKBOX 28025 28025 NETWORK PL
CHICAGO, IL 60673-1280

(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?
50 16	NONE	187907	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COWEN & COMPANY LLC

84-1702964

(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?
50 33 71	NONE	78672	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BDO USA LLP

PO BOX 642743
PITTSBURGH, PA 15264-2743

(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?
10 50	NONE	52724	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)

GWFS EQUITIES INC

8515 E ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(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?
72 33	NONE	16905	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

QDRO CONSULTANTS COMPANY, LLC

3071 PEARL ROAD
MEDINA, OH 44256

(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?
16 50	NONE	2700	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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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

(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

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
ERICSSON US 401(K) PLAN

B Three-digit plan number (PN) ▶ 006

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ERICSSON INC.

D Employer Identification Number (EIN)
06-1119960

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: VANGUARD INST 500 INDEX TRUST

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

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)
81-6327546-001	C	862500697

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY, LLC

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)
04-3159710-202	C	317427058

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INST TOT BOND MKT IDX TRUS

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

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)
81-6321044-001	C	235542525

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INST TOT INTL STK MKT IDX

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

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)
81-6317280-001	C	211993216

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY US VAL YLD EQ TR 2

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

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)
27-0573019-012	C	131814270

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE TR PLUS 2030

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

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)
90-0735964-001	C	135952677

a Name of MTIA, CCT, PSA, or 103-12 IE: PRUDENTIAL CORE PLUS BOND FUND

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

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)
23-6994310-165	C	114299609

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE TR PLUS 2025

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

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)
90-0735963-001	C	124052708

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE TR PLUS 2035

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

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)
90-0735965-001	C	117558325

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

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

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)
90-0735971-001	C	88441176

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE TR PLUS 2020

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

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)
90-0735899-001	C	57251495

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE TR PLUS 2045

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

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)
90-0735972-001	C	58333540

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE US MID-CAP VALUE EQUI

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

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)
35-6941663-001	C	48323849

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE TR PLUS 2050

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

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)
90-0735976-001	C	42741686

a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY SMALL CAP VALUE COLLECTIVE

b Name of sponsor of entity listed in (a): VICTORY CAPITAL

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)
90-6240599-008	C	35795017

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE TR PLUS INCO

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

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)
90-0735883-001	C	24400638

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE TR PLUS 2015

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

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)
90-0735891-001	C	15948975

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE TR PLUS 2055

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

c EIN-PN 90-0735978-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17474628

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE TR PLUS 2060

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

c EIN-PN 45-3799736-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8145603

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIRE TR PLUS 2065

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

c EIN-PN 82-6204383-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1512270

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INSTITUTIONAL INDEX INSTL

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

c EIN-PN 23-2601141-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4

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)

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 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 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

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
ERICSSON US 401(K) PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
ERICSSON INC.

D Employer Identification Number (EIN)
06-1119960

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)	1445359	603098
(2) Participant contributions	1b(2)	13617	5931
(3) Other	1b(3)	3259818	681242
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3800158	2460775
(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)	363583677	385403748
(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)	13535721	13434373
(9) Value of interest in common/collective trusts	1c(9)	2391372465	2649509966
(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)	610853673	667034102
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	116643318	128339303

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	46758749	43493403
	(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**	3551266555	3890965941
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	356490	393588
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	2454723	707347
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	2811213	1100935
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	3548455342	3889865006

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)**	50037264	
	(B) Participants	**2a(1)(B)**	74807673	
	(C) Others (including rollovers)	**2a(1)(C)**	6880401	
	(2) Noncash contributions	**2a(2)**		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		131725338
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	1159	
	(B) U.S. Government securities	**2b(1)(B)**		
	(C) Corporate debt instruments	**2b(1)(C)**		
	(D) Loans (other than to participants)	**2b(1)(D)**		
	(E) Participant loans	**2b(1)(E)**	672899	
	(F) Other	**2b(1)(F)**		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		674058
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**		
	(B) Common stock	**2b(2)(B)**	1841618	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	27110417	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		28952035
	(3) Rents	**2b(3)**		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	184587540	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	189168091	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		-4580551
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**		
	(B) Other	**2b(5)(B)**	46081750	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		46081750

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		282565481
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		61946434
c Other income	2c		59294852
d Total income. Add all **income** amounts in column (b) and enter total	2d		606659397
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	259084924	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		259084924
f Corrective distributions (see instructions)	2f		36397
g Certain deemed distributions of participant loans (see instructions)	2g		484331
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)	280874	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	4070293	
(4) Other	2i(4)	1685452	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		6036619
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		265642271
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		341017126
l Transfers of assets:			
(1) To this plan	2l(1)		392538
(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) [X] 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)** [X] 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: BDO USA, LLP **(2)** EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		10000000
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

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
ERICSSON US 401(K) PLAN

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
ERICSSON INC.

D Employer Identification Number (EIN)
06-1119960

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**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

ERICSSON US 401(k) PLAN

FINANCIAL STATEMENTS, SUPPLEMENTAL SCHEDULE AND INDEPENDENT AUDITOR'S REPORT

DECEMBER 31, 2021 AND 2020

ERICSSON US 401(k) PLAN

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Independent Auditor's Report

To the Plan Administrator
Ericsson US 401(k) Plan
Plano, Texas

Opinion

We have audited the financial statements of Ericsson US 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year then ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the year then ended December 31, 2021, in accordance with accounting principles generally accepted in the United States of America (GAAP).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Management is responsible for maintaining a current plan instrument, including all plan amendments. Management is also responsible for administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

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Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit 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, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H – Schedule of Assets (Held at End of Year) is presented for purposes 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 ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information 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 GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying supplemental schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

BDO USA, LLP

June 28, 2022

ERICSSON US 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020
(Thousands of dollars)

	2021	2020
Assets		
Investments		
Investments, at fair value	**$ 3,558,815**	$ 3,189,109
Investments, at contract value	**317,427**	343,903
Total investments	**3,876,242**	3,533,012
Receivables		
Notes receivable from participants	**13,434**	13,536
Participant's contributions receivable	**6**	13
Employer's contributions receivable	**603**	1,445
Other receivables	**681**	3,260
Total receivables	**14,724**	18,254
Total Assets	**3,890,966**	3,551,266
Payables		
Operating and other payables	**1,101**	2,811
Net assets available for benefits	**$ 3,889,865**	$ 3,548,455

See accompanying notes to the financial statements.

ERICSSON US 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2021
(Thousands of dollars)

ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	**$**	**386,013**
Dividends		**28,952**
Other income		**59,295**
Total investment income		**474,260**
Interest on participant notes receivable		**674**
Contributions:		
Participants		**74,808**
Employer		**50,037**
Rollover		**6,880**
Total contributions		**131,725**
Total Additions		**606,659**
DEDUCTIONS		
Benefits paid to participants		**(259,085)**
Corrective distributions		**(36)**
Deemed distributions		**(484)**
Administrative expenses		**(6,037)**
Total Deductions		**(265,642)**
Net increase prior to transfer		**341,017**
Transfer into the Plan		**393**
Net increase after transfer		**341,410**
Net assets available for benefits:		
Beginning of year		**3,548,455**
End of year	**$**	**3,889,865**

See accompanying notes to the financial statements.

ERICSSON US 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2021 AND 2020, AND FOR THE YEAR ENDED DECEMBER 31, 2021
(Thousands of dollars)

1. THE PLAN

The following description of the Ericsson US 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provision. The Plan was created by action of the board of directors of Ericsson Inc. (the "Company" or "Ericsson" or the "Employer") on May 27, 1983, effective July 1, 1983. The Plan is a defined contribution plan and is administered by an administrative committee (the "Committee") which monitors the investment objectives and performance of the Plan's individual investment options.

The Plan is a single employer plan.

Effective August 24, 2009, a Master Trust was created to permit the commingling of trust assets of both the Plan and the Ericsson Services 401(k) Plan. On December 28, 2012 the Ericsson Services 401(k) Plan was merged into the Ericsson US 401(k) Plan formerly called the Ericsson Capital Accumulation and Savings Plan. Total assets transferred into the Plan due to the merger were approximately $140,800. Effective July 18, 2016 Great-West Trust ("Trustee") was made trustee of the Plan and the Master Trust was dissolved. Empower Retirement, the retirement services business of Great-West Financial, is the recordkeeper of the Plan.

Effective December 1, 2021 the Vidscale, Inc. 401(k) Plan was merged into the Plan. This allowed the Vidscale, Inc. employees who satisfied the eligibility requirements of the Plan participation in the Plan. Total assets transferred into the Plan due to the merger were approximately $393.

Each pay period participant contributions are remitted to the Plan made to the Trustee for investment. There is currently one stable value fund, five mutual funds, seven commingled funds, twelve common collective trusts and two separately managed accounts. In addition, there is a self – directed brokerage account ("SDA") to which participants may direct their investments. The SDA allows access to a wide variety of mutual funds, stocks and bonds. Brokerage services are provided through the Trustee. Participants can choose these options for their contributions as well as the Company contributions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's financial statements are presented using the accrual method of accounting in conformity with U.S. generally accepted accounting principles ("GAAP").

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities and changes therein. Actual results could differ from those estimates.

Risks, Uncertainties and Concentrations

The Plan provides for various investment options as described in Note 1. The underlying investments held by the investment options may include stocks, bonds, fixed income securities, mutual funds and other investment securities. Such investments are exposed to various risks, such as interest rate,

market and credit risk. Due to the level of risk associated with certain 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 values of investment securities in the near term could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

The Novel Coronavirus Pandemic or COVID-19 ("Coronavirus") has resulted in governments worldwide enacting emergency measures to combat the spread of the virus. These measures, which have included the implementation of travel restrictions, government-imposed shelter-in-place orders, quarantine periods, social distancing, and restrictions on large gatherings, have caused material disruption to businesses globally, resulting in increased unemployment, a recession and increased economic uncertainty. These measures have moderated in 2021 as vaccines have become more widely available in the United States and Canada. The duration and impact of the Coronavirus on the overall economy cannot be determined at this time.

As of December 31, 2021 and 2020, there was one investment that represented 22% and 20% of investments, respectively. That investment is the only investment that represented more than 10% of investments held. See the schedule of assets (held at end of year) for a complete list of investments as of December 31, 2021.

Contributions and Contributions Receivables

Contributions are recorded on the accrual method of accounting. Contributions receivable are obligations arising from amounts owed to the Plan from participants or the Employer that have not been included in the Plan's investments at year end. Contributions receivable are recorded at cost, which approximates their fair value. Total contributions receivable were $609 and $1,458 at December 31, 2021 and 2020, respectively.

Valuation of Investments

The Plan's investments are reported at fair value. At December 31, 2021 and 2020 the Plan held a Stable Value Fund which was reported at contract value. The fair value of a financial instrument is the amount 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 (the exit price). See Note 4 for further discussion of fair value and fair value measurements. See Note 8 for further discussion of the investment carried at contract value.

Investment Income

Purchases and sales of the investments within the Plan are reflected on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Other income includes the net appreciation (depreciation), interest and dividends of the investments held in the SDA and separately managed accounts.

Security Transactions

The Plan presents in the Statement of Changes in Net Assets Available for Benefits the net appreciation or depreciation in the fair value of its investments which consists of the realized gains

and losses and the unrealized appreciation (depreciation) on those investments. Realized gains and losses on security transactions are determined on the trade date (the date the order to buy or sell is executed) as the difference between proceeds received and historical cost. Unrealized gains and losses represent the net change in market value of investments held during the year which are presented at fair value, with adjustments for investments sold.

Upon withdrawal from the Plan, participants invested in Company stock may elect to receive cash or Company stock. Whenever a participant receives stock, the difference between the cost of such stock and the market value on the applicable valuation date is reflected as a realized gain or loss of the Plan. Gains or losses are also realized whenever stocks are sold in satisfaction of the participants' election to take cash upon withdrawal.

Vesting and Forfeitures

Company and active participants' capital accumulation contributions, and participants' savings contributions, and the earnings thereon, are fully and immediately vested, with the exception of non-active participants transferred in from other plans, which continue to be subject to the former plans' vesting requirements. Accordingly, the forfeiture balance as of December 31, 2021 and 2020 was $2,017 and $1,962, respectively. During 2021, $63 of forfeitures were used to pay Plan administrative expenses.

Expenses of the Plan

Certain expenses of the Plan and its administration, including fees and expenses of the Trustee, are paid by the Company. All taxes, commissions and other charges on purchases, sales and transfers of Company stock and other securities are paid by the Trustee out of the fund or account involved in such purchase or sale. Participants are responsible for their own managed account fees, brokerage fees, and loan fees. A quarterly administrative fee is charged to each participant's account.

Administration

The Committee is responsible for the general administration of the Plan and for carrying out its provisions. Members of the Committee serve without compensation from the Plan.

Notes Receivable from Participants

Notes receivables from participants may be granted to participants in an amount not to exceed 50% of the participant's contribution account. The maximum loan amount is fifty thousand dollars minus the participant's highest loan balance (if any) during the previous 12 months; the minimum loan amount is one thousand dollars. Loans may be repaid through payroll deductions over a selected period between 12 months and 60 months. An employee is allowed only one loan at a time. If an employee misses payments, he/she will be required to make up the payments and accrued interest immediately. Failure to keep the loan current could result in the loan being classified as a "deemed distribution", which is taxable income to the employee. Interest on the loan is set at the time of issuance, and the rate is the prime rate plus 1%. At December 31, 2021, interest rates range from 4.25% to 6.50%. Notes receivable from participants are reported at their outstanding principal plus any accrued interest.

Termination Priorities

The Company reserves the right, by action of the board, to amend, suspend or terminate the Plan. In the event that the Plan is terminated or the Company discontinues its contributions, all amounts allocated to the participants' accounts and all assets held under the Plan will be fully vested and will be held for distribution to the participants.

The Company currently has no plans to terminate the Plan.

Benefit Payments

At December 31, 2021 and 2020, there were no benefit claims which had been processed and approved for payment but not yet paid. At Empower Retirement, the recordkeeper of the Plan, benefit payments are determined, paid and taxed to participants based upon the date the check is first processed. For financial statement purposes, benefit payments are recorded when paid.

3. PLAN PARTICIPATION

The Company offers the Plan for eligible U.S. employees to which qualified employees may elect to contribute stated percentages of eligible pay. Participation by eligible employees is voluntary and is defined as any regular salaried or hourly employee who is employed by a participating employer and receives regular compensation in the form of a weekly, biweekly, semi-monthly or monthly salary from an Ericsson U.S. payroll. All eligible employees may immediately participate in the Plan. At December 31, 2021 and 2020, the number of active participants were roughly 6,300, respectively.

Eligible participants may contribute on a pre-tax and/or Roth basis any whole percentage from 1% to 50% of their eligible earnings up to current IRS limits into the Capital Accumulation 401(k) portion of the Plan; participants may also contribute any whole percentage from 1% to 5% of their eligible earnings to the Savings portion on an after-tax basis. The Company contributes 3% of a participant's eligible pay for employees who are not actively participating in the Company's Defined Benefit Plan, whether or not the employee contributes. The Company also matches 100% of the first 3% and an additional 50% on the 4^{th} % and 5^{th} % contributed. All employee and Employer contributions are 100% vested immediately.

Participants may change their percentage payroll deduction elections at anytime during the year using the web-based Empower Retirement system. Participants may change investment percentages between funds at any time during the year. Participants may transfer existing fund balances to other available investment options at any time during the year. There are no restrictions on the transfer of investment balances from LM Ericsson Telephone Co. shares of Common Stock to other investment funds.

Each participant's account is credited with the participant's contributions, Company contributions and Plan earnings. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants may direct the investment of their account balances into various investment options offered by the Plan.

Participants may, at any time, request certain in-service withdrawals in the form of a normal or

hardship withdrawal. Normal withdrawals may be requested from the Employee Savings account and Company Savings account for money that has been in the Plan for at least 24 full calendar months. Hardship withdrawals must meet certain requirements including approval by the Committee.

4. FAIR VALUE MEASUREMENTS

The accounting standards establish a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include: Level 1, defined as observable inputs such as quoted prices in active markets; Level 2, defined as inputs other than quoted prices in active markets that are either directly or indirectly observable; and Level 3, defined as unobservable inputs in which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities measured at fair value are based on one or more of the following three valuation techniques noted in Accounting Standards Codification "ASC" Topic 820; A) Market approach: Prices and other relevant information generated by market transactions involving identical or comparable assets and liabilities. B) Cost approach: Amount that would be required to replace the service capacity of an asset (replacement cost). C) Income approach: Techniques to convert future amounts to a single present amount based upon market expectation (including present value techniques, option-pricing and excess earnings models).

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

Mutual Funds

Mutual funds represent investments with various registered investment managers. The fair values of these investments are determined by reference to the fund's underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds traded on national securities exchanges are valued at the quoted market price as of December 31, 2021 and 2020 and classified as Level 1 assets.

Self-Directed Brokerage Accounts (SDA)

A majority of the SDA accounts include investments in cash and cash equivalents, common stock, and registered investment companies and are classified as Level 2 investments. Cash and cash equivalent investments include cash and short-term interest-bearing investments with initial maturities of three months or less. Such amounts are recorded at cost, plus accrued interest. Common stock traded in active markets on national securities exchanges are valued at closing prices on the last business day of each period presented. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the Plan's investment manager's best estimates. Mutual funds in registered investment companies are valued as mentioned above.

Commingled Funds and Common Collective Trusts

Valued using the Net Asset Value ("NAV") provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund minus applicable costs and liabilities

and then divided by the number of shares outstanding. As these assets are measured at net asset value, they are therefore excluded from the fair value hierarchy and included in other.

Common Stocks

Ericsson Inc. common stock and common stocks held in participant-directed brokerage accounts are stated at fair value as quoted on a recognized securities exchange and are valued at the last reported sales price on the last business day of the Plan year and are classified as Level 1 investments, except those held in the SDA and separately managed accounts.

Separately Managed Accounts

Self-managed fund consisting of a portfolio of assets under the management of a professional investment firm and primarily consist of common stock valued using prices obtained from independent pricing services and are classified as Level 2 investments.

The following tables provide information about the financial assets carried at fair value on a recurring basis as of December 31, 2021 and 2020.

December 31, 2021	Level 1	Level 2	Level 3	Other (a)	Total
Mutual funds	$ 667,034	$ -	$ -	$ -	$ 667,034
Separately managed accounts	-	386,388	-	-	386,388
Ericsson stock fund	44,971	-	-	-	44,971
Commingled funds	-	-	-	1,640,269	1,640,269
Common collective trusts	-	-	-	691,814	691,814
Self-directed brokerage accounts	-	128,339	-	-	128,339
Total investments at fair value	$ 712,005	$ 514,727	$ -	$ 2,332,083	$ 3,558,815

December 31, 2020	Level 1	Level 2	Level 3	Other (a)	Total
Mutual funds	$ 610,854	$ -	$ -	$ -	$ 610,854
Separately managed accounts	-	366,212	-	-	366,212
Ericsson stock fund	47,931	-	-	-	47,931
Commingled funds	-	-	-	1,439,633	1,439,633
Common collective trusts	-	-	-	607,836	607,836
Self-directed brokerage accounts	-	116,643	-	-	116,643
Total investments at fair value	$ 658,785	$ 482,855	$ -	$ 2,047,469	$ 3,189,109

(a) As these assets are measured at net asset value using the practical expedient they are therefore excluded from the fair value hierarchy and included in other.

5. NET ASSET VALUE PER SHARE

The following table for December 31, 2021 and 2020, sets forth a summary of the Plan's investments with a reported NAV using the practical expedient.

Investment	Fair Value Estimated Using NAV per Share: December 31 2021 Fair Value [a]	December 31 2020 Fair Value [a]	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Notice Period
Asset allocation fund [b]	$ 691,814	$ 607,836	$ —	Daily	None	Daily
Intermediate-Term Bond [c]	114,300	112,377	—	Daily	None	Daily
Multiple Investment Trust [d]	367,356	359,828	—	Daily	None	Daily
Mid-Cap Value Equity Trust [e]	946,620	769,868	—	Daily	None	Daily
International Large Blend Trust [f]	211,993	197,560	—	Daily	None	Daily

[a] The fair values of the investments have been estimated using the NAV of the investment.

[b] The asset allocation fund uses a strategy designed for investors expecting to retire around the year indicated in each fund's name, with the allocation changing on an annual basis, becoming more conservative as the Fund nears the target retirement date. The funds invest in a combination of equity, fixed income and short-term JPMorgan Chase Bank, N.A Commingled Pension Trust Funds and/or funds maintained by unaffiliated banks and trust companies, which includes vehicles with lower levels of active risk.

[c] Intermediate-term bond funds aim to generate excess return from top-down sector allocation and bottom-up subsector/security selection. Duration and yield curve are tactically managed.

[d] Multiple investment trust is a combination of funds including large cap growth equity trust, mid cap value equity trust, small cap value equity trust, value yield equity trust, global growth equity trust and real estate securities trust.

[e] Mid-cap value equity trust invests its assets in a majority of equity securities of medium-sized companies.

[f] International Large Blend Trust measures the investment return of stocks issued by companies located in developed and emerging markets, excluding the United States.

6. PARTY-IN-INTEREST AND RELATED PARTY TRANSACTIONS

Certain Plan investments are Common Stock shares of LM Ericsson Telephone Company, a related party of Ericsson Inc. Ericsson Inc. sponsors the plan; therefore, these investments qualify as related party transactions. The Plan recorded purchases of $28,272 and sales of $28,100 of the Company's stock during the year ended December 31, 2021.

Plan assets include investments in funds managed by the Trustee. These transactions are covered by an exemption from the prohibited transaction provisions of ERISA and the IRC. Notes receivable are secured by the vested balance of participant accounts, and, as such, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of investments.

7. TAX STATUS OF THE PLAN

Management believes that the Plan is qualified under section 401(a) of the Internal Revenue Code ("IRC") and therefore, the trust is exempt from taxation under section 501(a). The Internal Revenue Service granted a favorable letter of determination to the Plan covering its most recent amendments

on April 6, 2017. Generally, contributions to a qualified plan are deductible by the Company when made, earnings of the trust are tax exempt and participants are not taxed on their benefits until withdrawn from the Plan.

Although the Plan has been amended since receiving the determination letter, management believes 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.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken that would require recognition of the liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. FINANCIAL ASSETS CARRIED AT CONTRACT VALUE

The following table provides information as of December 31, 2021 and 2020 about the financial assets carried at contract value:

As of December 31,		**2021**		2020
Financial assets at contract value:				
Ericsson US 401(k) Putnam Stable Value Fund	**$**	**317,427**	$	343,903

In 2020, the Plan entered into a contract with the Putnam Fiduciary Trust Company, LLC for the Ericsson US 401(k) Putnam Stable Value Fund.

The Plan holds investments in synthetic guaranteed investment contracts ("synthetic GICs") as part of the stable value fund. The investments in synthetic GICs are presented at fair value on the table of the investments held in the Plan. The fair value of the synthetic GICs equals the total of the fair value of the underlying assets plus the total wrap rebid value, which is calculated by discounting the annual rebid fee, due to rebid, over the duration of the contract assets.

In determining the net assets available for benefits, the synthetic GICs are recorded at their contract values, which are equal to principal balance plus accrued interest. As provided in ASC 962, an investment contract is generally valued at contract value, rather than fair value, to the extent it is fully benefit-responsive.

The Stable Value Funds are credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The synthetic GICs issuers are contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

The GICs are included in the financial statements at contract value as reported to the Plan by the Trustee, the investment manager. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily

direct the withdrawal or transfer of all or a portion of their investment at contract value. There are currently no reserves against contract values for credit risk of the contract issuers or otherwise.

9. SUBSEQUENT EVENTS

The Plan has evaluated the effects of events that have occurred subsequent to December 31, 2021, through the issuance of these financial statements and have identified no subsequent events.

ERICSSON US 401(k) Plan

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021
(Thousands of dollars)

EIN: 06-1119960
Plan Number: 006

	(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	I Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	I Current Value
		Stable Value Fund:			
*		Putnam Fiduciary Trust	ERICSSON US 401(K) PUTNAM STABLE VALUE FUND	**	$ 317,427
***		Company			
		Common Collective Trusts:			
		Vanguard Funds	VANGUARD TARGET RETIRE TRUST PLUS INCOME	**	24,401
		Vanguard Funds	VANGUARD TARGET RETIRE TRUST PLUS 2015	**	15,949
		Vanguard Funds	VANGUARD TARGET RETIRE TRUST PLUS 2020	**	57,251
		Vanguard Funds	VANGUARD TARGET RETIRE TRUST PLUS 2025	**	124,053
		Vanguard Funds	VANGUARD TARGET RETIRE TRUST PLUS 2030	**	135,953
		Vanguard Funds	VANGUARD TARGET RETIRE TRUST PLUS 2035	**	117,558
		Vanguard Funds	VANGUARD TARGET RETIRE TRUST PLUS 2040	**	88,441
		Vanguard Funds	VANGUARD TARGET RETIRE TRUST PLUS 2045	**	58,333
		Vanguard Funds	VANGUARD TARGET RETIRE TRUST PLUS 2050	**	42,742
		Vanguard Funds	VANGUARD TARGET RETIRE TRUST PLUS 2055	**	17,475
		Vanguard Funds	VANGUARD TARGET RETIRE TRUST PLUS 2060	**	8,146
		Vanguard Funds	VANGUARD TARGET RETIRE TRUST PLUS 2065	**	1,512
					691,814
		Mutual Funds:			
		American Funds	AMERICAN FUNDS EUROPACIFIC GROWTH-R6	**	157,894
		Oppenheimer	OPPENHEIMER DEVELOPING MARKETS-I	**	27,707
		T. Rowe Price	T. ROWE PRICE QM US SMALL-CAP GR EQ I	**	42,033
		Vanguard Funds	VANGUARD SMALL-CAP INDEX-INST PLUS	**	145,850
		Vanguard Funds	VANGUARD MID-CAP INDEX-INST PLUS	**	293,550
					667,034
		Commingled funds:			
		Victory	VICTORY SMALL CAP VALUE COLLECTIVE 75	**	35,795
		T. Rowe Price Funds	T ROWE PRICE MID-CAP VALUE EQUITY TRUST-D	**	48,324
		American Century Funds	AMERICAN CENTURY US VALUE YIELD EQUITY TRUST-2	**	131,814
		Vanguard Funds	VANGUARD INST TOTAL INTL STK MKT IDX TST	**	211,993
		Vanguard Funds	VANGUARD INSTITUTIONAL 500 INDEX TRUST	**	862,500
*		Prudential Funds	PRUDENTIAL CORE PLUS BOND FUND CLASS 12	**	114,300
		Vanguard Funds	VANGUARD INSTL TOTAL BOND MRKT IDX TRUST	**	235,543
					1,640,269
		Separately managed accounts:			
		Jennison	ADOBE INC COMMON STOCK	**	8,823
		Jennison	AIRBNB INC COMMON STOCK	**	7,875
		Jennison	ALIGN TECHNOLOGY INC COMMON STOCK 0	**	3,869
		Jennison	ALPHABET INC COMMON STOCK CL.C	**	9,390
		Jennison	ALPHABET INC COMMON STOCK CL.A	**	9,355
		Jennison	AMAZON.COM INC COMMON STOCK	**	19,299
		Jennison	APPLE INC COMMON STOCK	**	15,223
		Jennison	BIONTECH SE COMMON STOCK - ADR 0	**	2,129
		Jennison	CARVANA CO COMMON STOCK 0	**	1,723
		Jennison	CHIPOTLE MEXICAN GRILL INC COMMON STOCK	**	2,794

ERICSSON US 401(k) Plan

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021
(Thousands of dollars)

EIN: 06-1119960
Plan Number: 006

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	I Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	I Current Value
	Jennison	COSTCO WHOLESALE CORP COMMON STOCK	**	3,738
	Jennison	DANAHER CORP COMMON STOCK 0	**	3,001
	Jennison	DEXCOM INC COMMON STOCK	**	1,817
	Jennison	FACEBOOK INC COMMON STOCK	**	6,113
	Jennison	LVMH MOET HENNESSY COMMON STOCK	**	7,881
	Jennison	HUBSPOT INC COMMON STOCK 0	**	1,945
	Jennison	HUMANA INC COMMON STOCK 0	**	2,092
	Jennison	KERING SA COMMON STOCK - UNSPONSORED ADR	**	4,650
	Jennison	LAUDER ESTEE COS INC COMMON STOCK CL.A	**	6,886
	Jennison	ELI LILLY & CO COMMON STOCK 0	**	3,920
	Jennison	LULULEMON ATHLETICA INC COMMON STOCK	**	4,767
	Jennison	MASTERCARD INC COMMON STOCK CL.A	**	4,080
	Jennison	MATCH GROUP INC COMMON STOCK	**	3,666
	Jennison	MERCADOLIBRE INC COMMON STOCK 0	**	3,488
	Jennison	MICROSOFT CORP COMMON STOCK	**	15,175
	Jennison	NETFLIX INC COMMON STOCK	**	8,741
	Jennison	NIKE INC COMMON STOCK	**	5,660
	Jennison	NVIDIA CORP COMMON STOCK	**	16,285
	Jennison	OKTA INC COMMON STOCK 0	**	1,585
	Jennison	PAYPAL HOLDINGS INC COMMON STOCK	**	1,957
	Jennison	ROBLOX CORP COMMON STOCK 0	**	2,851
	Jennison	SALESFORCE COM INC COMMON STOCK	**	7,065
	Jennison	SEA LTD COMMON STOCK - ADR 0	**	1,856
	Jennison	SHOPIFY INC COMMON STOCK CL.A	**	12,401
	Jennison	SNAP INC COMMON STOCK CL. A 0	**	3,804
	Jennison	SNOWFLAKE INC COMMON STOCK	**	2,735
	Jennison	BLOCK INC COMMON STOCK CL. A 0	**	4,614
	Jennison	TJX COMPANIES INC COMMON STOCK 0	**	3,498
	Jennison	TESLA MOTORS INC COMMON STOCK	**	23,872
	Jennison	TRADE DESK INC/THE COMMON STOCK CL.A	**	2,313
	Jennison	TWILIO INC COMMON STOCK	**	2,589
	Jennison	UBER TECHNOLOGIES INC COMMON STOCK	**	3,991
	Jennison	VISA INC COMMON STOCK CL.A	**	5,075
	Jennison	ADYEN NV COMMON STOCK 0	**	6,334
	Jennison	ATLASSIAN CORP PLC COMMON STOCK CL.A	**	5,754
	Jennison	SPOTIFY TECHNOLOGY SA COMMON STOCK	**	1,750
	Jennison	FEDERATED GOVERNMENT OBLIGATIONS IS #5	**	241
	Eagle Funds	ADVANCED MICRO DEVICES INC COMMON STOCK	**	1,502
	Eagle Funds	AGILENT TECHNOLOGIES INC COMMON STOCK 0	**	864
	Eagle Funds	ALBEMARLE CORP COMMON STOCK	**	1,379
	Eagle Funds	ALIGN TECHNOLOGY INC COMMON STOCK	**	820
	Eagle Funds	ALNYLAM PHARMACEUTICALS INC COMMON STOCK	**	442
	Eagle Funds	AMEDISYS INC COMMON STOCK	**	486
	Eagle Funds	ANAPLAN INC COMMON STOCK	**	752
	Eagle Funds	AUTOZONE INC COMMON STOCK	**	1,735
	Eagle Funds	AVANTOR INC COMMON STOCK	**	1,244
	Eagle Funds	BAKER HUGHES A GE CO LLC COMMON STOCK	**	1,405

ERICSSON US 401(k) Plan

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	Eagle Funds	BALL CORP COMMON STOCK	**	887
	Eagle Funds	BILL. COM HOLDINGS INC COMMON STOCK 0	**	525
	Eagle Funds	BIO TECHNE CORP COMMON STOCK 0	**	626
	Eagle Funds	BOOZ ALLEN HAMILTON HLDG CORP COMMON STOCK	**	743
	Eagle Funds	BUMBLE INC COMMON STOCK CL. A 0	**	362
	Eagle Funds	BURLINGTON STORES COMMON STOCK	**	816
	Eagle Funds	CAESARS ENTERTAINMENT CORP COMMON STOCK	**	1,333
	Eagle Funds	CELSIUS HOLDINGS INC COMMON STOCK 0	**	824
	Eagle Funds	CHARLES RIVER LABS INTL INC COMMON STOCK	**	1,111
	Eagle Funds	CHIPOTLE MEXICAN GRILL INC COMMON STOCK	**	1,586
	Eagle Funds	COGNEX CORP COMMON STOCK	**	1,511
	Eagle Funds	CONSTELLATION BRANDS INC COMMON STOCK	**	1,468
	Eagle Funds	CORTEVA INC COMMON STOCK	**	1,040
	Eagle Funds	COUPA SOFTWARE INC COMMON STOCK	**	398
	Eagle Funds	CROWDSTRIKE HOLDINGS INC COMMON STOCK CL.A	**	2,510
	Eagle Funds	DEXCOM INC COMMON STOCK 0	**	784
	Eagle Funds	DOCUSIGN INC COMMON STOCK	**	1,162
	Eagle Funds	ENPHASE ENERGY INC COMMON STOCK 0	**	903
	Eagle Funds	ETSY INC COMMON STOCK 0	**	251
	Eagle Funds	EXACT SCIENCES CORP COMMON STOCK 0	**	318
	Eagle Funds	FAIR ISAAC CORP COMMON STOCK	**	521
	Eagle Funds	FIVE9 INC COMMON STOCK	**	934
	Eagle Funds	FLEETCOR TECHNOLOGIES INC COMMON STOCK	**	1,342
	Eagle Funds	FLOOR & DECOR HOLDINGS INC COMMON STOCK CL. A	**	1,214
	Eagle Funds	FORTUNE BRANDS HOME & SEC INC COMMON STOCK	**	1,516
	Eagle Funds	GENERAC HOLDINGS INC COMMON STOCK 0	**	523
	Eagle Funds	GLOBAL PAYMENTS INC COMMON STOCK	**	813
	Eagle Funds	WW GRAINGER INC COMMON STOCK 0	**	1,591
	Eagle Funds	IAA INC COMMON STOCK	**	705
	Eagle Funds	IDEXX LABS INC COMMON STOCK	**	1,728
	Eagle Funds	INSULET CORPORATION COMMON STOCK	**	625
	Eagle Funds	KEYSIGHT TECHNOLOGIES INC COMMON STOCK	**	1,528
	Eagle Funds	LPL FINANCIAL HOLDINGS INC COMMON STOCK	**	2,282
	Eagle Funds	L3HARRIS TECHNOLOGIES INC COMMON STOCK	**	808
	Eagle Funds	LABORATORY CORP AMERICA HLDGS COMMON	**	584
	Eagle Funds	LENNAR CORP COMMON STOCK CL.A	**	663
	Eagle Funds	LULULEMON ATHLETICA INC COMMON STOCK	**	1,515
	Eagle Funds	MSCI INC COMMON STOCK CL.A	**	2,328
	Eagle Funds	MARKETAXESS HLDGS INC COMMON STOCK	**	1,114
	Eagle Funds	MARTIN MARIETTA MATERIALS INC COMMON STOCK	**	1,653
	Eagle Funds	MARVELL TECHNOLOGY INC COMMON STOCK 0	**	1,839
	Eagle Funds	MASIMO CORP COMMON STOCK	**	699
	Eagle Funds	MCKESSON CORPORATION COMMON STOCK	**	856
	Eagle Funds	MICROCHIP TECHNOLOGY INC COMMON STOCK	**	1,110
	Eagle Funds	MIRATI THERAPEUTICS INC COMMON STOCK 0	**	386
	Eagle Funds	MODERNA INC COMMON STOCK	**	381
	Eagle Funds	MOLINA HEALTHCARE INC COMMON STOCK 0	**	726

ERICSSON US 401(k) Plan

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	Eagle Funds	MONOLITHIC POWER SYSTEMS INC COMMON STOCK	**	745
	Eagle Funds	MONSTER BEVERAGE CORP COMMON STOCK	**	843
	Eagle Funds	MOODYS CORP COMMON STOCK	**	1,117
	Eagle Funds	OLD DOMINION FREIGHT LINE INC COMMON STOCK	**	1,716
	Eagle Funds	PTC INC COMMON STOCK	**	829
	Eagle Funds	PINTEREST INC COMMON STOCK CL.A	**	1,213
	Eagle Funds	PLANET FITNESS INC CL A COMMON STOCK	**	1,145
	Eagle Funds	POOL CORPORATION COMMON STOCK	**	3,201
	Eagle Funds	QUIDEL CORP COMMON STOCK	**	731
	Eagle Funds	REPLIGEN CORP COMMON STOCK	**	729
	Eagle Funds	RESMED INC COMMON STOCK	**	875
	Eagle Funds	RINGCENTRAL INC COMMON STOCK CL.A	**	1,295
	Eagle Funds	RITCHIE BROS AUCTIONEERS COMMON STOCK	**	1,308
	Eagle Funds	SBA COMMUNICATIONS CORP COMMON STOCK	**	2,081
	Eagle Funds	SEAGEN INC COMMON STOCK	**	791
	Eagle Funds	SERVICENOW INC COMMON STOCK	**	945
	Eagle Funds	SHOPIFY INC COMMON STOCK CL.A	**	959
	Eagle Funds	SPLUNK INC COMMON STOCK	**	1,040
	Eagle Funds	SYNOPSYS INC COMMON STOCK	**	3,258
	Eagle Funds	TAKE TWO INTERACTIVE SOFTWARE COMMON STOCK	**	1,015
	Eagle Funds	TRANSUNION COMMON STOCK	**	1,706
	Eagle Funds	TYLER TECHNOLOGIES INC COMMON STOCK	**	2,271
	Eagle Funds	UIPATH INC COMMON STOCK 0	**	591
	Eagle Funds	ULTA SALON COSMETICS & FRAGRAN COMMON	**	1,272
	Eagle Funds	UNITED RENTALS INC COMMON STOCK	**	1,224
	Eagle Funds	VAIL RESORTS INC COMMON STOCK	**	585
	Eagle Funds	VEEVA SYS INC COMMON STOCK CL.A	**	531
	Eagle Funds	WESTINGHOUSE AIR BRAKE TECH CO COMMON STOCK	**	1,071
	Eagle Funds	WASTE CONNECTIONS INC COMMON STOCK	**	2,593
	Eagle Funds	WEST PHARMACEUTICAL SVSC INC COMMON STOCK	**	1,464
	Eagle Funds	WORKDAY COMMON STOCK	**	912
	Eagle Funds	XILINX INC COMMON STOCK	**	1,227
	Eagle Funds	ZENDESK INC COMMON STOCK	**	879
	Eagle Funds	ZOETIS INC COMMON STOCK	**	1,166
	Eagle Funds	CLARIVATE ANALYTICS PLC COMMON STOCK	**	633
	Eagle Funds	HORIZON THERAPEUTICS PLC COMMON STOCK	**	1,140
	Eagle Funds	APTIV PLC COMMON STOCK	**	992
	Eagle Funds	ELASTIC NV COMMON STOCK	**	1,111
	Eagle Funds	FEDERATED GOVERNMENT OBLIGATIONS IS #5	**	743
				386,388

ERICSSON US 401(k) Plan

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021
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EIN: 06-1119960
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	(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	I Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	I Current Value
*		Self-Directed Brokerage Account	Various Investments, Including Registered Investment Companies, Common Stocks, Money Market Funds and Cash	**	128,339
*		Ericsson	Ericsson Stock Fund	**	44,971
Total Investments					
*		Participant Loans	Interest rates of 4.25% to 6.50% with various maturity dates	**	13,434
Total					**$ 3,889,676**

* Party In Interest
** Not Required For Participant Directed Accounts
***All investments were stated at fair value as of December 31, 2021 with the exception of the Stable Value Fund, which is stated at contract value.

ERICSSON US 401(k) Plan

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
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		Stable Value Fund:			
*		Putnam Fiduciary Trust	ERICSSON US 401(K) PUTNAM STABLE VALUE FUND	**	$ 317,427
***		Company			
		Common Collective Trusts:			
		Vanguard Funds	VANGUARD TARGET RETIRE TRUST PLUS INCOME	**	24,401
		Vanguard Funds	VANGUARD TARGET RETIRE TRUST PLUS 2015	**	15,949
		Vanguard Funds	VANGUARD TARGET RETIRE TRUST PLUS 2020	**	57,251
		Vanguard Funds	VANGUARD TARGET RETIRE TRUST PLUS 2025	**	124,053
		Vanguard Funds	VANGUARD TARGET RETIRE TRUST PLUS 2030	**	135,953
		Vanguard Funds	VANGUARD TARGET RETIRE TRUST PLUS 2035	**	117,558
		Vanguard Funds	VANGUARD TARGET RETIRE TRUST PLUS 2040	**	88,441
		Vanguard Funds	VANGUARD TARGET RETIRE TRUST PLUS 2045	**	58,333
		Vanguard Funds	VANGUARD TARGET RETIRE TRUST PLUS 2050	**	42,742
		Vanguard Funds	VANGUARD TARGET RETIRE TRUST PLUS 2055	**	17,475
		Vanguard Funds	VANGUARD TARGET RETIRE TRUST PLUS 2060	**	8,146
		Vanguard Funds	VANGUARD TARGET RETIRE TRUST PLUS 2065	**	1,512
					691,814
		Mutual Funds:			
		American Funds	AMERICAN FUNDS EUROPACIFIC GROWTH-R6	**	157,894
		Oppenheimer	OPPENHEIMER DEVELOPING MARKETS-I	**	27,707
		T. Rowe Price	T. ROWE PRICE QM US SMALL-CAP GR EQ I	**	42,033
		Vanguard Funds	VANGUARD SMALL-CAP INDEX-INST PLUS	**	145,850
		Vanguard Funds	VANGUARD MID-CAP INDEX-INST PLUS	**	293,550
					667,034
		Commingled funds:			
		Victory	VICTORY SMALL CAP VALUE COLLECTIVE 75	**	35,795
		T. Rowe Price Funds	T ROWE PRICE MID-CAP VALUE EQUITY TRUST-D	**	48,324
		American Century Funds	AMERICAN CENTURY US VALUE YIELD EQUITY TRUST-2	**	131,814
		Vanguard Funds	VANGUARD INST TOTAL INTL STK MKT IDX TST	**	211,993
		Vanguard Funds	VANGUARD INSTITUTIONAL 500 INDEX TRUST	**	862,500
*		Prudential Funds	PRUDENTIAL CORE PLUS BOND FUND CLASS 12	**	114,300
		Vanguard Funds	VANGUARD INSTL TOTAL BOND MRKT IDX TRUST	**	235,543
					1,640,269
		Separately managed accounts:			
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		Jennison	ALPHABET INC COMMON STOCK CL.C	**	9,390
		Jennison	ALPHABET INC COMMON STOCK CL.A	**	9,355
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	Jennison	ELI LILLY & CO COMMON STOCK 0	**	3,920
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	Eagle Funds	MSCI INC COMMON STOCK CL.A	**	2,328
	Eagle Funds	MARKETAXESS HLDGS INC COMMON STOCK	**	1,114
	Eagle Funds	MARTIN MARIETTA MATERIALS INC COMMON STOCK	**	1,653
	Eagle Funds	MARVELL TECHNOLOGY INC COMMON STOCK 0	**	1,839
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	Eagle Funds	MONOLITHIC POWER SYSTEMS INC COMMON STOCK	**	745
	Eagle Funds	MONSTER BEVERAGE CORP COMMON STOCK	**	843
	Eagle Funds	MOODYS CORP COMMON STOCK	**	1,117
	Eagle Funds	OLD DOMINION FREIGHT LINE INC COMMON STOCK	**	1,716
	Eagle Funds	PTC INC COMMON STOCK	**	829
	Eagle Funds	PINTEREST INC COMMON STOCK CL.A	**	1,213
	Eagle Funds	PLANET FITNESS INC CL A COMMON STOCK	**	1,145
	Eagle Funds	POOL CORPORATION COMMON STOCK	**	3,201
	Eagle Funds	QUIDEL CORP COMMON STOCK	**	731
	Eagle Funds	REPLIGEN CORP COMMON STOCK	**	729
	Eagle Funds	RESMED INC COMMON STOCK	**	875
	Eagle Funds	RINGCENTRAL INC COMMON STOCK CL.A	**	1,295
	Eagle Funds	RITCHIE BROS AUCTIONEERS COMMON STOCK	**	1,308
	Eagle Funds	SBA COMMUNICATIONS CORP COMMON STOCK	**	2,081
	Eagle Funds	SEAGEN INC COMMON STOCK	**	791
	Eagle Funds	SERVICENOW INC COMMON STOCK	**	945
	Eagle Funds	SHOPIFY INC COMMON STOCK CL.A	**	959
	Eagle Funds	SPLUNK INC COMMON STOCK	**	1,040
	Eagle Funds	SYNOPSYS INC COMMON STOCK	**	3,258
	Eagle Funds	TAKE TWO INTERACTIVE SOFTWARE COMMON STOCK	**	1,015
	Eagle Funds	TRANSUNION COMMON STOCK	**	1,706
	Eagle Funds	TYLER TECHNOLOGIES INC COMMON STOCK	**	2,271
	Eagle Funds	UIPATH INC COMMON STOCK 0	**	591
	Eagle Funds	ULTA SALON COSMETICS & FRAGRAN COMMON	**	1,272
	Eagle Funds	UNITED RENTALS INC COMMON STOCK	**	1,224
	Eagle Funds	VAIL RESORTS INC COMMON STOCK	**	585
	Eagle Funds	VEEVA SYS INC COMMON STOCK CL.A	**	531
	Eagle Funds	WESTINGHOUSE AIR BRAKE TECH CO COMMON STOCK	**	1,071
	Eagle Funds	WASTE CONNECTIONS INC COMMON STOCK	**	2,593
	Eagle Funds	WEST PHARMACEUTICAL SVSC INC COMMON STOCK	**	1,464
	Eagle Funds	WORKDAY COMMON STOCK	**	912
	Eagle Funds	XILINX INC COMMON STOCK	**	1,227
	Eagle Funds	ZENDESK INC COMMON STOCK	**	879
	Eagle Funds	ZOETIS INC COMMON STOCK	**	1,166
	Eagle Funds	CLARIVATE ANALYTICS PLC COMMON STOCK	**	633
	Eagle Funds	HORIZON THERAPEUTICS PLC COMMON STOCK	**	1,140
	Eagle Funds	APTIV PLC COMMON STOCK	**	992
	Eagle Funds	ELASTIC NV COMMON STOCK	**	1,111
	Eagle Funds	FEDERATED GOVERNMENT OBLIGATIONS IS #5	**	743
				386,388

ERICSSON US 401(k) Plan

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021
(Thousands of dollars)

EIN: 06-1119960
Plan Number: 006

	(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	I Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	I Current Value
*		Self-Directed Brokerage Account	Various Investments, Including Registered Investment Companies, Common Stocks, Money Market Funds and Cash	**	128,339
*		Ericsson	Ericsson Stock Fund	**	44,971
Total Investments					
*		Participant Loans	Interest rates of 4.25% to 6.50% with various maturity dates	**	13,434
Total					**$ 3,889,676**

* Party In Interest
** Not Required For Participant Directed Accounts
***All investments were stated at fair value as of December 31, 2021 with the exception of the Stable Value Fund, which is stated at contract value.