

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) P

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

<p>1a Name of plan <u>MEDLEY MONEY MARKET VCA-11</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>025</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>THE PRUDENTIAL INSURANCE COMPANY OF AMERICA</u></p> <p><u>8515 E. ORCHARD RD. 2T2</u> <u>GREENWOOD VILLAGE, CO 80111</u></p> <p><u>751 BROAD STREET</u> <u>NEWARK, NJ 07102</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>22-1211670</u></p> <p>2c Plan Sponsor's telephone number <u>973-716-8980</u></p> <p>2d Business code (see instructions)</p>

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/28/2025</u>	<u>WANDA RUIZ</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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 THE PRUDENTIAL INSURANCE COMPANY OF AMERICA c Plan Name MEDLEY MONEY MARKET ACCOUNT VCA-11	4b EIN 22-1211670 4d PN 025																				
5 Total number of participants at the beginning of the plan year	5																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">0</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d	0	6e		6f		6g(1)		6g(2)		6h	
6a(1)																					
6a(2)																					
6b																					
6c																					
6d	0																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>MEDLEY MONEY MARKET VCA-11</u>	B Three-digit plan number (PN)	<u>025</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE PRUDENTIAL INSURANCE COMPANY OF AMERICA</u>	D Employer Identification Number (EIN) <u>22-1211670</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
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)
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, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	PEPPERDINE UNIVERSITY RETIREMENT PLAN	
b	Name of plan sponsor	PEPPERDINE UNIVERSITY RETIREMENT PLAN	c EIN-PN 95-1644037-001
a	Plan name	GENESIS HEALTHCARE SYSTEM 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GENESIS HEALTHCARE SYSTEM 401(K) RETIREMENT PLAN	c EIN-PN 31-1480941-001
a	Plan name	GENESIS HEALTHCARE SYSTEM TDA THRIFT PLAN	
b	Name of plan sponsor	GENESIS HEALTHCARE SYSTEM TDA THRIFT PLAN	c EIN-PN 31-1480941-001
a	Plan name	ALTA BATES SUMMIT 403(B) TDA RETIREMENT PLAN	
b	Name of plan sponsor	ALTA BATES SUMMIT 403(B) TDA RETIREMENT PLAN	c EIN-PN 94-0562680-001
a	Plan name	MONTEFIORE MEDICAL CENTER TAX DEFERRED ANNUITY PLAN	
b	Name of plan sponsor	MONTEFIORE MEDICAL CENTER TAX DEFERRED ANNUITY PLAN	c EIN-PN 13-1740114-001
a	Plan name	INSURANCE INSTITUTE FOR HIGHWAY SAFETY	
b	Name of plan sponsor	INSURANCE INSTITUTE FOR HIGHWAY SAFETY	c EIN-PN 53-0246204-001
a	Plan name	ALBERT EINSTEIN HEALTHCARE NETWORK RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ALBERT EINSTEIN HEALTHCARE NETWORK RETIREMENT SAVINGS PLAN	c EIN-PN 23-1396794-001
a	Plan name	CHURCH WORLD SERVICE	
b	Name of plan sponsor	CHURCH WORLD SERVICE	c EIN-PN 13-4080201-001
a	Plan name	CHILDRENS CARE HOSP AND SCHOOL	
b	Name of plan sponsor	CHILDRENS CARE HOSP AND SCHOOL	c EIN-PN 46-0233030-001
a	Plan name	CENT NASSAU GUID/COUN SERV INC	
b	Name of plan sponsor	CENT NASSAU GUID/COUN SERV INC	c EIN-PN 11-2438388-001
a	Plan name	CATHOLIC MEDICAL CENTER	
b	Name of plan sponsor	CATHOLIC MEDICAL CENTER	c EIN-PN 11-1948722-001
a	Plan name	CAREER AND RECOVERY RESOURCES	
b	Name of plan sponsor	CAREER AND RECOVERY RESOURCES	c EIN-PN 74-1161942-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CALIFORNIA INST OF THE ARTS	
b	Name of plan sponsor	CALIFORNIA INST OF THE ARTS	c EIN-PN 95-6102146-001
a	Plan name	BROOKDALE HOSPITAL MEDICAL CTR	
b	Name of plan sponsor	BROOKDALE HOSPITAL MEDICAL CTR	c EIN-PN 11-1631746-001
a	Plan name	CENTERLIGHT HEALTH SYSTEM 403(B) RETIREMENT PLAN	
b	Name of plan sponsor	CENTERLIGHT HEALTH SYSTEM 403(B) RETIREMENT PLAN	c EIN-PN 13-1739920-001
a	Plan name	ARIZONA SONORA MUSEUM	
b	Name of plan sponsor	ARIZONA SONORA MUSEUM	c EIN-PN 86-0111775-001
a	Plan name	NUVANCE HEALTH 403B PLAN	
b	Name of plan sponsor	NUVANCE HEALTH 403B PLAN	c EIN-PN 83-4214573-001
a	Plan name	NEW ENGLAND BAPTIST HOSPITAL	
b	Name of plan sponsor	NEW ENGLAND BAPTIST HOSPITAL	c EIN-PN 04-2103612-001
a	Plan name	GOLDEN GATE UNIVERSITY RETIREMENT PLAN	
b	Name of plan sponsor	GOLDEN GATE UNIVERSITY RETIREMENT PLAN	c EIN-PN 94-1585735-001
a	Plan name	TAX DEFERRED ANNUITY PLAN FOR EMPLOYEES OF ALLIANCE FOR SUSTAINABLE EN	
b	Name of plan sponsor	TAX DEFERRED ANNUITY PLAN FOR EMPLOYEES OF ALLIANCE FOR SUSTAINABLE EN	c EIN-PN 44-0545878-001
a	Plan name	NATL INTERFAITH CAB COL VISN	
b	Name of plan sponsor	NATL INTERFAITH CAB COL VISN	c EIN-PN 13-3445556-001
a	Plan name	FORDHAM UNIVERSITY FACULTY AND ADMINISTRATIVE RETIREMENT PLAN	
b	Name of plan sponsor	FORDHAM UNIVERSITY FACULTY AND ADMINISTRATIVE RETIREMENT PLAN	c EIN-PN 13-1740451-001
a	Plan name	FORDHAM UNIVERSITY CLERICAL AND MAINTENANCE TDA PLAN	
b	Name of plan sponsor	FORDHAM UNIVERSITY CLERICAL AND MAINTENANCE TDA PLAN	c EIN-PN 13-1740451-001
a	Plan name	FORDHAM UNIVERSITY CLERICAL AND MAINTENANCE RETIREMENT PLAN	
b	Name of plan sponsor	FORDHAM UNIVERSITY CLERICAL AND MAINTENANCE RETIREMENT PLAN	c EIN-PN 13-1740451-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a Plan name	CONTINUUM HEALTH PARTNERS, INC. 403(B) PLAN	
b Name of plan sponsor	CONTINUUM HEALTH PARTNERS, INC. 403(B) PLAN	c EIN-PN 13-3939476-001
a Plan name	STANFORD HEALTH CARE RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	STANFORD HEALTH CARE RETIREMENT SAVINGS PLAN	c EIN-PN 94-6174066-001
a Plan name	THE QUEEN'S MEDICAL CENTER	
b Name of plan sponsor	THE QUEENS MEDICAL CENTER	c EIN-PN 99-0073524-001
a Plan name	MAIMONIDES MEDICAL CENTER TAX DEFERRED ANNUITY PLAN 03	
b Name of plan sponsor	MAIMONIDES MEDICAL CENTER TAX DEFERRED ANNUITY PLAN 03	c EIN-PN 11-1635081-001
a Plan name	MAIMONIDES MEDICAL CENTER TAX DEFERRED ANNUITY PLAN 02	
b Name of plan sponsor	MAIMONIDES MEDICAL CENTER TAX DEFERRED ANNUITY PLAN 02	c EIN-PN 11-1635081-001
a Plan name	METHODIST HOSPITAL OF BROOKLYN	
b Name of plan sponsor	METHODIST HOSPITAL OF BROOKLYN	c EIN-PN 11-1631796-001
a Plan name	SAINT BARNABAS MEDICAL CENTER	
b Name of plan sponsor	SAINT BARNABAS MEDICAL CENTER	c EIN-PN 22-2405279-001
a Plan name	UNION HOSPITAL OF CECIL COUNTY	
b Name of plan sponsor	UNION HOSPITAL OF CECIL COUNTY	c EIN-PN 52-0607945-001
a Plan name	METROPOLITAN MUSEUM OF ART	
b Name of plan sponsor	METROPOLITAN MUSEUM OF ART	c EIN-PN 13-1624086-001
a Plan name	MANHATTAN EYE/EAR/THROAT HOSP	
b Name of plan sponsor	MANHATTAN EYE/EAR/THROAT HOSP	c EIN-PN 25-1557193-001
a Plan name	BRIDGEPORT HOSPITAL	
b Name of plan sponsor	BRIDGEPORT HOSPITAL	c EIN-PN 06-0646554-001
a Plan name	WESTERLY HOSPITAL	
b Name of plan sponsor	WESTERLY HOSPITAL	c EIN-PN 05-0259100-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SOLOMON SCHECHTER SCHOOL/QUEENS	
b	Name of plan sponsor	SOLOMON SCHECHTER SCHOOL/QUEENS	c EIN-PN 11-1803692-001
a	Plan name	UNITED WAY SERVICES 02	
b	Name of plan sponsor	UNITED WAY SERVICES 02	c EIN-PN 34-6516654-001
a	Plan name	LOS ANGELES COUNTY MUSEUM/ART	
b	Name of plan sponsor	LOS ANGELES COUNTY MUSEUM/ART	c EIN-PN 01-6130580-001
a	Plan name	CARRIER FOUNDATION	
b	Name of plan sponsor	CARRIER FOUNDATION	c EIN-PN 22-1714106-001
a	Plan name	REHABILITATION INSTITUTE OF CHICAGO	
b	Name of plan sponsor	REHABILITATION INSTITUTE OF CHICAGO	c EIN-PN 36-2256036-001
a	Plan name	CITIZENS FOR CITIZENS, INC.	
b	Name of plan sponsor	CITIZENS FOR CITIZENS, INC.	c EIN-PN 04-6134724-001
a	Plan name	THE CHILDRENS AID SOCIETY	
b	Name of plan sponsor	THE CHILDRENS AID SOCIETY	c EIN-PN 13-5562191-001
a	Plan name	MAYO 403(B) PLAN	
b	Name of plan sponsor	MAYO 403(B) PLAN	c EIN-PN 41-6011702-001
a	Plan name	FORT WASHINGTON MEDICAL CENTER, INC 403B PLAN	
b	Name of plan sponsor	FORT WASHINGTON MEDICAL CENTER, INC 403B PLAN	c EIN-PN 52-1682858-001
a	Plan name	SCHNURMACHER NURSING HOME TAX DEFERRED ANNUITY PLAN	
b	Name of plan sponsor	SCHNURMACHER NURSING HOME TAX DEFERRED ANNUITY PLAN	c EIN-PN 13-3482590-001
a	Plan name	VILLAGE CENTER FOR CARE, INC.	
b	Name of plan sponsor	VILLAGE CENTER FOR CARE, INC.	c EIN-PN 13-3854754-001
a	Plan name	WATERBURY HOSPITAL	
b	Name of plan sponsor	WATERBURY HOSPITAL	c EIN-PN 06-0665979-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name YOUTH CONSULTATION SERVICE	
b	Name of plan sponsor YOUTH CONSULTATION SERVICE	c EIN-PN 22-1487560-001
a	Plan name HUNTINGTON MEMORIAL HOSPITAL	
b	Name of plan sponsor HUNTINGTON MEMORIAL HOSPITAL	c EIN-PN 35-1970706-001
a	Plan name WELBORN BAPTIST MEMORIAL HOSPITAL	
b	Name of plan sponsor WELBORN BAPTIST MEMORIAL HOSPITAL	c EIN-PN 35-0868203-001
a	Plan name SOUTHERN RESEARCH INSTITUTE	
b	Name of plan sponsor SOUTHERN RESEARCH INSTITUTE	c EIN-PN 63-0288868-001
a	Plan name STANFORD UNIVERSITY CONTRIBUTORY RETIREMENT PLAN	
b	Name of plan sponsor STANFORD UNIVERSITY CONTRIBUTORY RETIREMENT PLAN	c EIN-PN 94-1156356-001
a	Plan name USC TAXDEFERRED ANNUITY PLAN 03	
b	Name of plan sponsor USC TAXDEFERRED ANNUITY PLAN 03	c EIN-PN 95-1642394-001
a	Plan name USC DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor USC DEFINED CONTRIBUTION RETIREMENT PLAN	c EIN-PN 95-1642394-001
a	Plan name USC TAXDEFERRED ANNUITY PLAN	
b	Name of plan sponsor USC TAXDEFERRED ANNUITY PLAN	c EIN-PN 95-1642394-001
a	Plan name ST MARY'S FOR CHILDREN INC. 403(B) PLAN	
b	Name of plan sponsor ST MARYS FOR CHILDREN INC. 403(B) PLAN	c EIN-PN 11-3574493-001
a	Plan name SCRANTON LACKAWANNA DEVELOPMENT AGENCY, INC	
b	Name of plan sponsor SCRANTON LACKAWANNA DEVELOPMENT AGENCY, INC	c EIN-PN 23-1649434-001
a	Plan name ROGERS STATE UNIVERSITY	
b	Name of plan sponsor ROGERS STATE UNIVERSITY	c EIN-PN 75-2997687-001
a	Plan name ST. MARGARET'S HOUSE HOUSING DEVELOPMENT FUND CORP 403B PLAN	
b	Name of plan sponsor ST. MARGARETS HOUSE HOUSING DEVELOPMENT FUND CORP 403B PLAN	c EIN-PN 13-2947394-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SOCIETY OF ACTUARIES	
b	Name of plan sponsor	SOCIETY OF ACTUARIES	c EIN-PN 36-2136422-001
a	Plan name	STANFORD UNIVERSITY CONTRIBUTORY RETIREMENT PLAN 01	
b	Name of plan sponsor	STANFORD UNIVERSITY CONTRIBUTORY RETIREMENT PLAN 01	c EIN-PN 94-1156365-001
a	Plan name	NEMOURS HEALTH CLINIC OF NEMOURS FOUNDATION	
b	Name of plan sponsor	NEMOURS HEALTH CLINIC OF NEMOURS FOUNDATION	c EIN-PN 59-0634433-001
a	Plan name	INSIGHT CENTER FOR COMMUNITY ECONOMIC DEVELOPMENT	
b	Name of plan sponsor	INSIGHT CENTER FOR COMMUNITY ECONOMIC DEVELOPMENT	c EIN-PN 01-6130580-001
a	Plan name	MOSES H CONE MEMORIAL HOSPITAL VOLUNTARY SAVINGS PLAN	
b	Name of plan sponsor	MOSES H CONE MEMORIAL HOSPITAL VOLUNTARY SAVINGS PLAN	c EIN-PN 58-1588823-001
a	Plan name	NATIONAL HOUSING LAW PROJECT	
b	Name of plan sponsor	NATIONAL HOUSING LAW PROJECT	c EIN-PN 94-2400196-001
a	Plan name	NY HOSPITAL MEDICAL CENTER OF QUEENS	
b	Name of plan sponsor	NY HOSPITAL MEDICAL CENTER OF QUEENS	c EIN-PN 11-1839362-001
a	Plan name	PRU TRUST FOR N.J. HOSPITALS	
b	Name of plan sponsor	PRU TRUST FOR N.J. HOSPITALS	c EIN-PN 22-1487148-001
a	Plan name	MASSACHUSETTS SOCIETY	
b	Name of plan sponsor	MASSACHUSETTS SOCIETY	c EIN-PN 04-2103596-001
a	Plan name	CONTINUUM HEALTH PARTNERS, INC. 403(B) PLAN	
b	Name of plan sponsor	CONTINUUM HEALTH PARTNERS, INC. 403(B) PLAN	c EIN-PN 11-1018985-001
a	Plan name	INT BROTH OF SEC PERS OFF/GUAR	
b	Name of plan sponsor	INT BROTH OF SEC PERS OFF/GUAR	c EIN-PN 13-2514325-001
a	Plan name	LONDON SCHOOL CORP 02	
b	Name of plan sponsor	LONDON SCHOOL CORP 02	c EIN-PN 52-0635092-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	COMMUNITY RESOURCE CENTER OF SULLIVAN CENTER	
b	Name of plan sponsor	COMMUNITY RESOURCE CENTER OF SULLIVAN CENTER	c EIN-PN 11-1803692-001
a	Plan name	PROVENA/LONG TERM CARE	
b	Name of plan sponsor	PROVENA/LONG TERM CARE	c EIN-PN 37-1127788-001
a	Plan name	PROVENA/ST. MARY'S HOSPITAL	
b	Name of plan sponsor	PROVENA/ST. MARYS HOSPITAL	c EIN-PN 36-2167890-001
a	Plan name	BETH ISRAEL MEDICAL CENTER	
b	Name of plan sponsor	BETH ISRAEL MEDICAL CENTER	c EIN-PN 13-3627753-001
a	Plan name	NORTH SHORELONG ISLAND JEWISH HEALTH SYSTEM 403(B) PLAN	
b	Name of plan sponsor	NORTH SHORELONG ISLAND JEWISH HEALTH SYSTEM 403(B) PLAN	c EIN-PN 11-3418133-001
a	Plan name	AMERICAN HEALTH FOUNDATION INC	
b	Name of plan sponsor	AMERICAN HEALTH FOUNDATION INC	c EIN-PN 31-1302444-001
a	Plan name	JEFFERSON REHABILITATION CNTR	
b	Name of plan sponsor	JEFFERSON REHABILITATION CNTR	c EIN-PN 16-1134631-001
a	Plan name	JEWISH CHILD CARE ASSOC EE'S TAX EXEMPT DEFERRED ANNUITY PROGRAM	
b	Name of plan sponsor	JEWISH CHILD CARE ASSOC EES TAX EXEMPT DEFERRED ANNUITY PROGRAM	c EIN-PN 13-1624060-001
a	Plan name	PATHFINDER VILLAGE, INC.	
b	Name of plan sponsor	PATHFINDER VILLAGE, INC.	c EIN-PN 22-2516331-001
a	Plan name	PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION	
b	Name of plan sponsor	PARKER JEWISH INSTITUTE FOR HEALTH CARE AND REHABILITATION	c EIN-PN 13-2631069-001
a	Plan name	PROVIDENCE HOSPITAL	
b	Name of plan sponsor	PROVIDENCE HOSPITAL	c EIN-PN 53-0196636-001
a	Plan name	ST. ELIZABETH HOSPITAL	
b	Name of plan sponsor	ST. ELIZABETH HOSPITAL	c EIN-PN 15-0532245-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	SARATOGA GENERAL HOSPITAL 02	
b Name of plan sponsor	SARATOGA GENERAL HOSPITAL 02	c EIN-PN 14-1338547-001

a Plan name	NORTH JERSEY COMMUNITY UNION	
b Name of plan sponsor	NORTH JERSEY COMMUNITY UNION	c EIN-PN 20-1172127-001

a Plan name	DUKE UNIVERSITY	
b Name of plan sponsor	DUKE UNIVERSITY	c EIN-PN 56-0532129-001

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

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b Name of plan sponsor		c EIN-PN

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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MEDLEY MONEY MARKET VCA-11	B Three-digit plan number (PN) ▶ 025
C Plan sponsor's name as shown on line 2a of Form 5500 THE PRUDENTIAL INSURANCE COMPANY OF AMERICA	D Employer Identification Number (EIN) 22-1211670

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	0
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	21301075

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	16551219	21301075
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	5208	53
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5208	53
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	16546011	21301022

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)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(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)	
c Other income	2c	838519
d Total income. Add all income amounts in column (b) and enter total.....	2d	838519

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	
(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)	0
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	70038
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	70038
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	70038

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	768481
l Transfers of assets:		
(1) To this plan.....	2l(1)	6056113
(2) From this plan	2l(2)	2069583

Part III Accountant's Opinion

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

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

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

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

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.)			
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.)			
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.)			
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.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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?			
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?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
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.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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 _____.