

Name of Investment Adviser:

**Healthcare Community Securities Corporation**

Address: (Number and Street)

(City)

(State)

(Zip Code)

Area Code Telephone Number

**One Empire Drive****Rensselaer****NY****12144****518 431-7600**

**This part of Form ADV gives information about the investment adviser and its business for the use of clients.  
The information has not been approved or verified by any governmental authority.**

### Table of Contents

<u>Item Number</u>	<u>Item</u>	<u>Page</u>
1	Advisory Services and Fees . . . . .	2
2	Types of Clients. . . . .	2
3	Types of Investments. . . . .	3
4	Methods of Analysis, Sources of Information and Investment Strategies. . . . .	3
5	Education and Business Standards. . . . .	4
6	Education and Business Background. . . . .	4
7	Other Business Activities. . . . .	4
8	Other Financial Industry Activities or Affiliations. . . . .	4
9	Participation or Interest in Client Transactions. . . . .	5
10	Conditions for Managing Accounts. . . . .	5
11	Review of Accounts. . . . .	5
12	Investment or Brokerage Discretion. . . . .	6
13	Additional Compensation. . . . .	6
14	Balance Sheet. . . . .	6
	Continuation Sheet. . . . .	Schedule F
	Balance Sheet, if required. . . . .	Schedule G

(Schedules A, B, C, D, and E are included with Part I of this Form, for the use of regulatory bodies, and are not distributed to clients.)

Potential Persons who are not to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

**1. A. Advisory Services and Fees.** (check the applicable boxes)

For each type of service provided, state the approximate % of total advisory billings from that service. (See instruction below.)

**Applicant:**

- |   |             |
|---|-------------|
| <input checked="" type="checkbox"/> (1) Provides investment supervisory services  | <b>50</b> % |
| <input type="checkbox"/> (2) Manages investment advisory accounts not involving investment supervisory services   | _____ %     |
| <input type="checkbox"/> (3) Furnishes investment advice through consultations not included in either service described above   | _____ %     |
| <input type="checkbox"/> (4) Issues periodicals about securities by subscription  | _____ %     |
| <input type="checkbox"/> (5) Issues special reports about securities not included in any service described above  | _____ %     |
| <input type="checkbox"/> (6) Issues, not as part of any service described above, any charts, graphs, formulas, or other devices which client may use to evaluate securities | _____ %     |
| <input checked="" type="checkbox"/> (7) On more than an occasional basis, furnishes advice to clients on matters not involving securities                                   | <b>15</b> % |
| <input type="checkbox"/> (8) Provides a timing service  | _____ %     |
| <input checked="" type="checkbox"/> (9) Furnishes advice about securities in any manner not described above   | <b>35</b> % |

(Percentages should be based on applicant's last fiscal year. If applicant has not completed its first fiscal year, provide estimates of advisory billings for that year and state that the percentages are estimates.)

Yes No

B. Does applicant call any of the services it checked above financial planning or some similar term?

☐ ☒

C. Applicant offers investment advisory services for: (check all that apply)

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> (1) A percentage of assets under management      | <input type="checkbox"/> (4) Subscription fees      |
| <input type="checkbox"/> (2) Hourly charges  | <input checked="" type="checkbox"/> (5) Commissions |
| <input checked="" type="checkbox"/> (3) Fixed fees (not including subscription fees) | <input type="checkbox"/> (6) Other                  |

D. For each checked box in A above, describe on Schedule F:

- the services provided, including the name of any publication or report issued by the adviser on a subscription basis or for a fee
- applicant's basic fee schedule, how fees are charged and whether its fees are negotiable
- when compensation is payable, and if compensation is payable before service is provided, how a client may get a refund or may terminate an investment advisory contract before its expiration date

**2. Types of Clients** -- Applicant generally provides investment advice to: (check those that apply)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> A. Individuals                      | <input checked="" type="checkbox"/> E. Trusts, estates, or charitable organizations         |
| <input type="checkbox"/> B. Banks or thrift institutions                | <input type="checkbox"/> F. Corporations or business entities other than those listed above |
| <input type="checkbox"/> C. Investment companies                        | <input type="checkbox"/> G. Other (describe on Schedule F)                                  |
| <input checked="" type="checkbox"/> D. Pension and profit sharing plans |   |

**Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).**

**3. Types of Investments** Applicant offers advice on the following: (check those that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> A. Equity securities                   | <input type="checkbox"/> H. United States governmental securities    |
| <input type="checkbox"/> (1) exchange-listed securities         |  |
| <input type="checkbox"/> (2) securities traded over-the-counter | <input type="checkbox"/> I. Options contracts on:                    |
| <input type="checkbox"/> (3) foreign issuers                    | <input type="checkbox"/> (1) securities                              |
|   | <input type="checkbox"/> (2) commodities                             |
| <input type="checkbox"/> B. Warrants                            |  |
| <input type="checkbox"/> C. Corporate debt securities           | <input type="checkbox"/> J. Futures contracts on:                    |
| (other than commercial paper)                                   | <input type="checkbox"/> (1) tangibles                               |
| <input type="checkbox"/> D. Commercial paper                    | <input type="checkbox"/> (2) intangibles                             |
| <input type="checkbox"/> E. Certificates of deposit             |  |
| <input type="checkbox"/> F. Municipal securities                | <input type="checkbox"/> K. Interests in partnerships investing in:  |
|   | <input type="checkbox"/> (1) real estate                             |
| <input type="checkbox"/> G. Investment company securities:      | <input type="checkbox"/> (2) oil and gas interests                   |
| <input type="checkbox"/> (1) variable life insurance            | <input type="checkbox"/> (3) other (explain on Schedule F)           |
| <input checked="" type="checkbox"/> (2) variable annuities      |  |
| <input checked="" type="checkbox"/> (3) mutual fund shares      | <input checked="" type="checkbox"/> L. Other (explain on Schedule F) |

**4. Methods of Analysis, Sources of Information, and Investment Strategies.**

A. Applicant's security analysis methods include: (check those that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> (1) Charting               | <input checked="" type="checkbox"/> (4) Cyclical           |
| <input checked="" type="checkbox"/> (2) Fundamental | <input type="checkbox"/> (5) Other (explain on Schedule F) |
| <input checked="" type="checkbox"/> (3) Technical   |  |

B. The main sources of information applicant uses include: (check those that apply)

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> (1) Financial newspapers and magazines    | <input type="checkbox"/> (5) Timing services  |
| <input type="checkbox"/> (2) Inspections of corporate activities              | <input checked="" type="checkbox"/> (6) Annual reports, prospectuses, filings with the Securities and Exchange Commission |
| <input checked="" type="checkbox"/> (3) Research materials prepared by others | <input checked="" type="checkbox"/> (7) Company press releases  |
| <input type="checkbox"/> (4) Corporate rating services                        | <input checked="" type="checkbox"/> (8) Other (explain on Schedule F)   |

C. The investment strategies used to implement any investment advice given to clients include: (check those that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> (1) Long term purchases (securities held at least a year) | <input type="checkbox"/> (5) Margin transactions   |
| <input type="checkbox"/> (2) Short term purchases (securities sold within a year)  | <input type="checkbox"/> (6) Option writing, including covered options, uncovered options, or spreading strategies |
| <input type="checkbox"/> (3) Trading (securities sold within 30 days)              | <input checked="" type="checkbox"/> (7) Other (explain on Schedule F)  |
| <input type="checkbox"/> (4) Short sales   |  |

**Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).**

**5. Education and Business Standards.**

Yes No

Are there any general standards of education or business experience that applicant requires of those involved in determining or giving investment advice to clients?.....

☒ ☐

(If yes, describe these standards on Schedule F.)

**6. Education and Business Background.**

For:

☒ each member of the investment committee or group that determines general investment advice to be given to clients, or

☒ if the applicant has no investment committee or group, each individual who determines general investment advice given to clients (if more than five, respond only for their supervisors)

☒ each principal executive officer of applicant or each person with similar status or performing similar functions.

On Schedule F, give the:

☒ name

☒ formal education after high school

☒ year of birth

☒ business background for the preceding five years

**7. Other Business Activities.** (check those that apply)

- ☒ A. Applicant is actively engaged in a business other than giving investment advice.
- ☒ B. Applicant sells products or services other than investment advice to clients.
- ☒ C. The principal business of applicant or its principal executive officers involves something other than providing investment advice.

(For each checked box describe the other activities, including the time spent on them, on Schedule F.)

**8. Other Financial Industry Activities or Affiliations.** (check those that apply)

- ☒ A. Applicant is registered (or has an application pending) as a securities broker-dealer.
- ☐ B. Applicant is registered (or has an application pending) as a futures commission merchant, commodity pool operator or commodity trading adviser.
- C. Applicant has arrangements that are material to its advisory business or its clients with a related person who is a:
- |   |   |
|---|---|
| <input checked="" type="radio"/> (1) broker-dealer  | <input type="radio"/> (7) accounting firm                                       |
| <input type="radio"/> (2) investment company  | <input type="radio"/> (8) law firm  |
| <input type="radio"/> (3) other investment adviser  | <input checked="" type="radio"/> (9) insurance company or agency                |
| <input type="radio"/> (4) financial planning firm   | <input type="radio"/> (10) pension consultant                                   |
| <input type="radio"/> (5) commodity pool operator, commodity trading adviser or futures commission merchant | <input type="radio"/> (11) real estate broker or dealer                         |
| <input type="radio"/> (6) banking or thrift institution   | <input type="radio"/> (12) entity that creates or packages limited partnerships |

(For each checked box in C, on Schedule F identify the related person and describe the relationship and the arrangements.)

Yes No

D. Is applicant or a related person a general partner in any partnership in which clients are solicited to invest?...

☐ ☒

(If yes, describe on Schedule F the partnerships and what they invest in.)

Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).

**9. Participation of Interest in Client Transactions.**

Applicant or a related person: (check those that apply)

- ☐ A. As principal, buys securities for itself from or sells securities it owns to any client.
- ☐ B. As broker or agent effects securities transactions for compensation for any client.
- ☐ C. As broker or agent for any person other than a client effects transactions in which client securities are sold to or bought from a brokerage customer.
- ☐ D. Recommends to clients that they buy or sell securities or investment products in which the applicant or a related person has some financial interest.
- ☒ E. Buys or sells for itself securities that it also recommends to clients.

(For each box checked, describe on Schedule F when the applicant or a related person engages in these transactions and what restrictions, internal procedures, or disclosures are used for conflicts of interest in those transactions.)

Describe, on Schedule F, your code of ethics, and state that you will provide a copy of your code of ethics to any client or prospective client upon request.

**10. Conditions for Managing Accounts.** Does the applicant provide investment supervisory services, manage investment advisory accounts or hold itself out as providing financial planning or some similarly termed services *and* impose a minimum dollar value of assets or other conditions for starting or maintaining an account?

Yes No

☒ ☐

(If yes, describe on Schedule F.)

**11. Review of Accounts.** If applicant provides investment supervisory services, manages investment advisory accounts, or holds itself out as providing financial planning or some similarly termed services:

- A. Describe below the reviews and reviewers of the accounts. **For reviews**, include their frequency, different levels, and triggers factors. **For reviewers**, include the number of reviewers, their titles and functions, instructions they receive from applicant on performing reviews, and number of accounts assigned each.

**See Item 11A Schedule F**

- B. Describe below the nature and frequency of regular reports to clients on their accounts.

**See item 11B Schedule F**

**12. Investment or Brokerage Discretion.**

A. Does applicant or any related person have authority to determine, without obtaining specific client consent, the:

	Yes	No
(1) securities to be bought or sold? .....	<input type="radio"/>	<input type="radio"/>
(2) amount of the securities to be bought or sold? .....	<input type="radio"/>	<input type="radio"/>
(3) broker or dealer to be used? .....	<input type="radio"/>	<input type="radio"/>
(4) commission rates paid? .....	<input type="radio"/>	<input type="radio"/>

B. Does applicant or a related person suggest brokers to clients? ..... ☐ Yes ☐ No

For each yes answer to A describe on Schedule F any limitations on the authority. For each yes to A(3), A(4) or B, describe on Schedule F the factors considered in selecting brokers and determining the reasonableness of their commissions. If the value of products, research and services given to the applicant or a related person is a factor, describe:

- the products, research and services
- whether clients may pay commission higher than those obtainable from other brokers in return for those products and services
- whether research is used to service all of applicant's accounts or just those accounts paying for it; and
- any procedures the applicant used during the last fiscal year to direct client transactions to a particular broker in return for products and research services received.

**13. Additional Compensation.**

Does the applicant or a related person have any arrangements, oral or in writing, where it:

A. is paid cash by or receives some economic benefit (including commissions, equipment or non-research services) from a non-client in connection with giving advice to clients? .....	Yes	No
	<input type="radio"/>	<input type="radio"/>
B. directly or indirectly compensates any person for client referrals? .....	Yes	No
	<input type="radio"/>	<input type="radio"/>

(For each yes, describe the arrangements on Schedule F.)

**14. Balance Sheet.** Applicant must provide a balance sheet for the most recent fiscal year on Schedule G if applicant:

- has custody of client funds or securities (unless applicant is registered or registering only with the Securities and Exchange Commission); or
  - requires prepayment of more than \$500 in fees per client and 6 or more months in advance
- Has applicant provided a Schedule G balance sheet? ..... ☐ Yes ☐ No

**Answer all items. Complete amended pages in full, circle amended items and file with execution page (page 1).**

**Schedule F of  
Form ADV  
Continuation Sheet for Form ADV  
Part II**

Applicant:	SEC File Number:	Date:
<b>Healthcare Community Securities Corporation</b>	801- <b>801-67370</b>	01/25/2010

(Do not use this Schedule as a continuation sheet for Form ADV Part I or any other schedules.)

1. Full name of applicant exactly as stated in Item 1A of Form ADV: <b>Healthcare Community Securities Corporation</b>	IRS Empl. Ident. No.: 14-1764768
---	-------------------------------------

Item of Form (identify)	Answer										
<b>1. D</b>	<p><b>1.D</b> Healthcare Community Securities Corporation, (hereinafter also referred to as "HCSC" or the "Company") provides professional management of client's funds and investment management services, which include customizing portfolios. Such portfolios consist of appropriate investments designed to meet particular client needs. HCSC will assist clients with the development of a planning document describing investment expectations and returns, thus will serve as the basis for selecting and monitoring the asset allocation and investment policies. Investment performance evaluation provide quarterly include rate of return manager evaluation and benchmark comparisons.</p> <p><b><u>Fee Schedule for General Services</u></b></p> <table> <tr> <th><u>Market Value of Asset</u></th><th><u>Compensation</u></th></tr> <tr> <td>The First \$25 million</td><td>0.10 of 1% of average annual assets</td></tr> <tr> <td>The Next \$50 million</td><td>0.07 of 1% of average annual assets</td></tr> <tr> <td>The Next \$50 million</td><td>0.04 of 1% of average annual assets</td></tr> <tr> <td>Over \$125 million</td><td>0.02 of 1% of average annual assets</td></tr> </table> <p>Fees are based on the particular circumstances of the client. The standard minimum fixed fee is \$25,000, however under certain circumstances the minimum fee may be adjusted. Fees are calculated and billed quarterly. The client may choose to have fees deducted from plan assets or paid separately, which requires payment within 45 days. Fees are calculated at the beginning of each quarter and billed in the arrears. Fees for the Company's other specified services are discussed below.</p> <p>The Company's affiliated broker dealer agents may earn a commission pertaining to the Company's investment recommendations. Any sales commissions or fees earned by the Company's affiliated broker dealer agents are fully disclosed to the client and are credited toward the calculation of the fees for client(s) that are under an advisory contract. All commissions are computed according to a commission schedule, which can be obtained for the client's review. Clients may be paying a management fee on the portion of their assets that are invested in money market funds/mutual funds to the funds' investment advisers plus a quarterly fee for the Company's management. Clients are encouraged to carefully review any relevant prospectuses and/or documents associated with investment recommendations, which include the assets.</p> <p>In the event of termination of an advisory contract during the process, any fees would be prorated to the date of termination. This also applies to the services described below. In accordance with certain disclosure requirements, the Company hereby informs any client which pays commission and/or fees to the Company (or related person) of the following conflict of interest (1) a conflict exist between the interest of the Company (or a related person) and the interest of the client, (2) the client is under no obligation to act upon the Company's (or a related person's) recommendations, and (3) if the client elects to act on any of the recommendations, the client is under no obligation to effect the transaction through the Company (or a related</p>	<u>Market Value of Asset</u>	<u>Compensation</u>	The First \$25 million	0.10 of 1% of average annual assets	The Next \$50 million	0.07 of 1% of average annual assets	The Next \$50 million	0.04 of 1% of average annual assets	Over \$125 million	0.02 of 1% of average annual assets
<u>Market Value of Asset</u>	<u>Compensation</u>										
The First \$25 million	0.10 of 1% of average annual assets										
The Next \$50 million	0.07 of 1% of average annual assets										
The Next \$50 million	0.04 of 1% of average annual assets										
Over \$125 million	0.02 of 1% of average annual assets										

Complete amended pages in full, circle amended items and file with execution page (page 1). PAGE 1

**Schedule F of  
Form ADV  
Continuation Sheet for Form ADV  
Part II**

Applicant:	SEC File Number:	Date:
<b>Healthcare Community Securities Corporation</b>	801- <b>801-67370</b>	01/25/2010

(Do not use this Schedule as a continuation sheet for Form ADV Part I or any other schedules.)

1. Full name of applicant exactly as stated in Item 1A of Form ADV: <b>Healthcare Community Securities Corporation</b>	IRS Empl. Ident. No.: 14-1764768
---	-------------------------------------

Item of Form (identify)	Answer
	<p>person). The custodian of the account will hold all customer assets. The Company will not hold customer funds or securities.</p> <p>The client may grant the Company the authority to receive quarterly payments directly from the client's account held by an independent custodian. Accordingly, the client will provide, in writing, limited authorization to withdraw the contractually agreed upon fees from the account. The Company will send to the client and the custodian a bill showing the amount of the fee, the value of client's assets on which the fee was based, and the specific manner in which the fee was calculated. The custodian of the account is advised in writing of the limitation on the Company's access to the account. The custodian will also send to the client a statement, at least quarterly, indicating all the amounts disbursed from the account including the amount of advisory fees paid directly to the Company.</p> <p>HCSC also offers separate investment advisory and consulting services to defined benefit plans. In connection with these services, HCSC will assist clients in the development of an investment policy, provide suggested asset allocations, provide investment performance evaluations, assist in the evaluation, selection and replacement of investment managers, assist in the evaluation and selection of trustees and custodians and provide recommendations regarding portfolio rebalancing. Fees associated with this program will typically start at an annual base fee of \$42,000 and an annual asset based fee equal to 0.05% of the total plan asset value in excess of \$100,000,000. The fees will typically be subject to annual adjustment as agreed upon by HCSC and the client. The fees are payable quarterly in arrears typically within thirty days of receipt, and are deemed earned at the end of such quarter. All such fees are subject to negotiation with the client.</p> <p>HCSC also offers a program entitled Investment Fiduciary and Support Service ("IFSS"). This program is offered to defined benefit pension plans, endowment funds and private foundations and is intended to provide them with comprehensive investment services. Services offered to clients through the IFSS program may include the following:</p> <ul style="list-style-type: none"> <li>● diagnostic review of existing portfolio;</li> <li>● custom investment policy statement;</li> <li>● strategic asset allocation;</li> <li>● investment manager search, selection, and ongoing review;</li> <li>● quarterly comprehensive performance reporting with advanced portfolio analysis;</li> <li>● client access to portfolio via secure Web site; and</li> <li>● trust and custody services (optional).</li> </ul> <p>For more information regarding the IFSS program, see the IFSS Brochure (Schedule H).</p> <p>HCSC's affiliated broker-dealer offers a bundled mutual fund investment program to defined contribution plans, known as the mutual fund program. HCSC offers a rebalancing service to persons participating in the mutual fund program through 403(b) and 457(b) plans of their employer. The service provides for automatic rebalancing of their accounts if they have selected specific asset allocation models allocated among the retirement plan investment options available</p>



**Schedule F of  
Form ADV  
Continuation Sheet for Form ADV  
Part II**

Applicant:	SEC File Number:	Date:
<b>Healthcare Community Securities Corporation</b>	801- <b>801-67370</b>	01/25/2010

(Do not use this Schedule as a continuation sheet for Form ADV Part I or any other schedules.)

1. Full name of applicant exactly as stated in Item 1A of Form ADV: <b>Healthcare Community Securities Corporation</b>	IRS Empl. Ident. No.: 14-1764768
---	-------------------------------------

Item of Form (identify)	Answer
	<p>to the participant. Assets in the plan will be automatically rebalanced and re-allocated periodically by HCSC. HCSC is not responsible for selecting the investment options available within the employer's retirement plan.</p> <p>Participants in the mutual fund programs are not charged an additional fee for this rebalancing service. As described below, HCSC receives brokerage commissions in the form of 12b-1 fees for funds sold through the mutual fund program. In addition, HCSC may also charge participants a plan administration fee of up to approximately \$78 annually, paid monthly in arrears, and an education and communication services fee of up to 0.2% annually of the plan's assets. These fees are negotiable with the employer sponsoring the plan.</p> <p>The Company HCSC is also registered with the Securities and Exchange Commission and The Financial Industry Regulatory Authority FINRA , Inc., to provide services as a Broker/Dealer. In this capacity, the company is compensated with 12b-1 fees and commissions. All information and advice furnished by either party to the other, including their agents and employees, shall be treated as confidential and not disclosed to third parties except as agreed upon in writing or required by law. HCSC also provides advice to clients on pension plan design and administration, not involving investing in securities.</p>
<b>3. L</b>	<p><b>3. L</b></p> <p>The investments utilized are limited to mutual funds and separate accounts. The HCSC's advisory services do not include/authorize recommendations for individual stocks and bonds.</p>
<b>4. B(8)</b>	<p><b>4. B(8)</b></p> <p>Principal sources of information come from publicly available databases of security information. HCSC also uses proprietary charts and graphs prepared by Prime Buchholz &amp; Associates, Inc.</p>
<b>4. C(7)</b>	<p><b>4. C(7)</b></p> <p>HCSC assists clients in the development of Investment Policy and asset allocation guidelines. The asset allocation process includes all asset classes but does not focus on specific security selection. Once the asset allocation structure is determined, the manager search and selection process identifies the firms (mutual funds) to manage each segment of the assets</p>
<b>5.</b>	<p><b>5.</b></p> <p>The education and business standards of associated persons of the company providing investment advice include a college degree (BA) plus at least five years experience within the investment industry.</p>
<b>6.</b>	<p><b>6.</b> John W. Jezsu DOB: 1/04/1949 Education: University of CT - B.A., 1970 Business Background: HANYS Benefit Services/Healthcare Community Securities Corporation Rensselaer, NY (Home office) Rochester, NY (Branch) and Buffalo, NY (Branch) V.P. 01/10 -Preset Managing Director and Chief Compliance Officer 08/99-01/10</p>

Complete amended pages in full, circle amended items and file with execution page (page 1). PAGE 3

**Schedule F of  
Form ADV  
Continuation Sheet for Form ADV  
Part II**

Applicant:	SEC File Number:	Date:
<b>Healthcare Community Securities Corporation</b>	801- <b>801-67370</b>	01/25/2010

(Do not use this Schedule as a continuation sheet for Form ADV Part I or any other schedules.)

1. Full name of applicant exactly as stated in Item 1A of Form ADV: <b>Healthcare Community Securities Corporation</b>	IRS Empl. Ident. No.: 14-1764768
---	-------------------------------------

Item of Form (identify)	Answer
	<p>Todd M.Baughn DOB:9/24/1965 Education: Plattsburgh State University B.S.,1988 Business Background: HANYS Benefit Services/Healthcare Community Securities Corporation Manager, Marketing &amp; Compliance 1/2001-Present</p> <p>William H.Desormeau DOB:12/18/1951 Education: Syracuse University-B.A.1973, SUNY Albany - M.BA., 2000 C.F.P.,2006 Business Background: Strategic Benefit Services/Healthcare Community Securities Corporation Manager 4/2003-Present UBS Pain Webber Account Manger 4/1998-4/2003</p> <p>James J.Kelley DOB:7/23/1961 Education: Gettsburgh College B.A.1983 Business Background: HANYS Benefit Services/Healthcare Community Securities Corporation Chief Compliance Officier/President 01/10-Present V.P Sales &amp; Marketing 06/08-01/10 Hartford Equity Sales Company 10/06 -6/08 Metropolitan Insurance Company 7/99 10/06</p> <p><b><u>Executive Officer/Board Members</u></b></p> <p>David G Kruczlniki DOB:1/23/1953 Education: Siena College B.A.,1975 &amp; RPI M.B.A.,1977 Business Background: President &amp; CEO 10/1989-Present Glens Falls Hospital, NY Executive Officer/ Board Member/ 1/08-for the following; Healthcare Association of NY State (HANYS) Parent Company; HANYS Solutions, Inc. (HSI) Sub Corporation of HANYS;and Healthcare Community Securities Corporation (HCSC) Sub Corporation of HANYS Solutions, Inc.</p> <p>Joseph McDonald DOB: 10/9/1952 Education: University of Tennessee B.S.,1975 &amp; M.B.A 1979 Business Background: President &amp; CEO 12/02-Present Catholic Health System Executive Officer/Board Member Secretary 1/10-Present for the following: Healthcare Association of NY State (HANYS) Parent Company; HANYS Solutions, Inc. (HSI) Sub Corporation of HANYS; and Healthcare Community Securities Corporation (HCSC) Sub Corporation of HANYS Solutions, Inc</p>

Complete amended pages in full, circle amended items and file with execution page (page 1). PAGE 4

**Schedule F of  
Form ADV  
Continuation Sheet for Form ADV  
Part II**

Applicant:	SEC File Number:	Date:
<b>Healthcare Community Securities Corporation</b>	801- <b>801-67370</b>	01/25/2010

(Do not use this Schedule as a continuation sheet for Form ADV Part I or any other schedules.)

1. Full name of applicant exactly as stated in Item 1A of Form ADV: <b>Healthcare Community Securities Corporation</b>	IRS Empl. Ident. No.: 14-1764768
---	-------------------------------------

Item of Form (identify)	Answer
	<p>Joseph A.Quagliata DOB: 9/12/1945 Education: St. John's University B.A.,1967 Business Background: President &amp; CEO-10/73-Present South Nassau Communities Hospital Executive Officer/Board Member/Chair 01/10-Present for the following: Healthcare Association of NY State(HANYS) Parent Company; HANYS Solutions, Inc. (HSI) Sub Corporation of HANYS; and Healthcare Community Securities Corporation (HCSC) Sub Corporation of HANYS Solutions, Inc</p> <p>Pardes Herbert, M.D., DOB 7/7/1934 Education: Rutgers University B.S.,1956, State University of New York, College of Medicine (Brooklyn) M.D.,1960. Business Background: President &amp; CEO-01/00-Present New York Presbyterian Healthcare System, NY Dean &amp; VP for Health services 09/1989-12/1999 Columbia University Executive Officer/Board Member/Chair Elect 01/10-Present for the following: Healthcare Association of NY State(HANYS) Parent Company; HANYS Solutions, Inc. (HSI) Sub Corporation of HANYS; and Healthcare Community Securities Corporation (HCSC) Sub Corporation of HANYS Solutions, Inc.</p> <p>William Hasselbarth DOB:06/11/1951 Education: University of Albany B.S.,1973 Business Background: CFO 10/98-Present Albany Medical Center Executive Officer/Board Member 1/08-Present of the following: Healthcare Association of NY State (HANYS) Parent Company; HANYS Solutions, Inc. (HSI) Sub Corporation of HANYS; and Healthcare Community Securities Corporation (HCSC) Sub Corporation of HANYS Solutions, Inc</p> <p>John Spicer DOB:9/20/1949 Education: Manhattan College B.S., 1971 &amp; C.W. Post College M.H.A., 1973 Business Background: President &amp; CEO 2/94-Present Sound Shore Medical Center Executive Officer/Board Member 1/98-Present for the following: Healthcare Association of NY State (HANYS) Parent Company; HANYS Solutions, Inc. (HSI) Sub Corporation of HANYS; and Healthcare Community Securities Corporation (HCSC) Sub Corporation of HANYS Solutions, Inc.</p> <p>Stephen Mills DOB:8/6/1946 Education: Columbia College B.A.,1968 &amp; Tulane University M.B.A.,1974 Business Background: CEO-01/94-Present New York Hospital Queens, NY. Executive Officer/Board Member 01/08-Present for the following: Healthcare Association of NY State (HANYS) Parent Company; HANYS Solutions, Inc. (HSI) Sub Corporation of HANYS; and Healthcare Community Securities Corporation (HCSC) Sub Corporation of HANYS Solutions, Inc.</p>

Complete amended pages in full, circle amended items and file with execution page (page 1). PAGE 5

**Schedule F of  
Form ADV  
Continuation Sheet for Form ADV  
Part II**

Applicant:	SEC File Number:	Date:
<b>Healthcare Community Securities Corporation</b>	801- <b>801-67370</b>	01/25/2010

(Do not use this Schedule as a continuation sheet for Form ADV Part I or any other schedules.)

1. Full name of applicant exactly as stated in Item 1A of Form ADV: <b>Healthcare Community Securities Corporation</b>	IRS Empl. Ident. No.: 14-1764768
---	-------------------------------------

Item of Form (identify)	Answer
	<p>John Remillard DOB: 12/24/53 Education: LeMoyne College B.S.,1976, &amp; Russell Sage M.S. 1982 Business Background: CEO-01/89-Present Aurelia Osborn Fox Memorial Hospital Executive Officer/Board Member 2/09-Present for the following: Healthcare Association of NY State (HANYs) Parent Company; HANYs Solutions, Inc. (HSI) Sub Corporation of HANYs; and Healthcare Community Securities Corporation (HCSC) Sub-Corporation of HANYs Solutions, Inc.</p> <p>Michael Weber DOB: 11/2/1954 Education: Canisius College B.S.,1981&amp; WestConn State University M.H.A.,1996 Business Background: President &amp; CEO 3/07-Present Health Quest Putnam Hospital Ctr CFO-5/88-3/00 and CEO-3/00-3/07 Executive Officer/Board Member 1/08-Present for the following: HANYs Solutions, Inc. (HSI) Sub-Corporation of Healthcare Association of NY State (HANYs) Parent Company; Healthcare Community Securities Corporation (HCSC) Sub Corporation of HANYs Solutions, Inc; and HANYs Benefit Services a Sub-Corporation of HANYs Solutions, Inc.</p> <p>Steven Goldstein DOB: 5/9/1947 Education: Syracuse University B.A.,1969 &amp; St. Louis University M.H.A., 1973 Business Background: President &amp;CEO 9/1996-Present Strong Memorial Hospital Executive Officer/Board Member 1/08-Present for the following: HANYs Solutions, Inc. (HSI) Sub-Corporation of Healthcare Association of NY State (HANYs) Parent Company; Healthcare Community Securities Corporation (HCSC) Sub Corporation of HANYs Solutions, Inc; and HANYs Benefit Services a Sub-Corporation of HANYs Solutions, Inc.</p> <p>Gail Donovan DOB:4/23/1957 Education: Villanova University B.S.&amp; B.A.,1979 &amp; George Washington University M.H.S.A.,1983 Business Background: CEO-09/86-Present Continuum Health Partners, Inc. Executive Officer/Board Member 01/08-Present for the following: HANYs Solutions, Inc. (HSI) Sub-Corporation of Healthcare Association of NY State (HANYs) Parent Company; Healthcare Community Securities Corporation (HCSC) Sub-Corporation of HANYs Solutions, Inc; and HANYs Benefit Services a Sub Corporation of HANYs Solutions, Inc.</p>
<b>7. A,B&amp;C</b>	<p><b>7. A,B&amp;C</b> Healthcare Community Securities Corporation is also a limited-purpose Broker Dealer registered with the Securities and Exchange Commission, and The Financial Industry Regulatory Authority (FINRA). In its capacity as Broker Dealer, the Company is involved in the sale of securities limited to mutual funds and group annuities, both fixed and variable. The principals spend more than 95% of their time managing the securities business and less than 5% of their time providing investment advice.</p>

Complete amended pages in full, circle amended items and file with execution page (page 1). PAGE 6

**Schedule F of  
Form ADV  
Continuation Sheet for Form ADV  
Part II**

Applicant:	SEC File Number:	Date:
<b>Healthcare Community Securities Corporation</b>	801- <b>801-67370</b>	01/25/2010

(Do not use this Schedule as a continuation sheet for Form ADV Part I or any other schedules.)

1. Full name of applicant exactly as stated in Item 1A of Form ADV: <b>Healthcare Community Securities Corporation</b>		IRS Empl. Ident. No.: 14-1764768
Item of Form (identify)	Answer	
<b>8. C(1)</b>	<b>8. C(1)</b> Healthcare Community Securities Corporation is also a limited purpose Broker Dealer registered with the Securities and Exchange Commission, and the Financial Industry Regulatory Authority (FINRA). In its capacity as Broker Dealer, the Company is involved in the sale of securities limited to mutual funds and group annuities, both fixed and variable.	
<b>8. C(9)</b>	<b>8. C(9)</b> Individual and group insurance products are offered/sold through the Group Insurance Agency (GIA). HANYS Benefit Services (HBS) is a registered trade name for GIA. HCSC does business as HBS and Strategic Benefit Services (SBS). SBS is a trade name used to market products and service of HCSC to for profit companies not affiliated with the parent corporation HANYS.	
<b>9. E</b>	<b>9. E</b> The Company has adopted policies and procedures governing personal investment activities by Company supervised persons. Those policies mandate that the interests of client accounts will be placed first at all times, that all personal securities transactions will be conducted so as to avoid any actual or potential conflicts of interest or abuse of trust, and that supervised persons must not take inappropriate advantage of their positions.  The Company adopted a Code of Ethics (?Code?) pursuant to Rule 204A-1 under the Investment Advisers Act of 1940, as amended, which sets forth certain restrictions and standards of conduct for the Company?s supervised persons. While the Code permits supervised persons to invest in securities that may be held or acquired by advisory clients of the Company, it prohibits specific types of personal securities transactions that may give rise to substantial conflicts of interest. It also establishes reporting requirements through which certain employees provide information to the Company on their personal securities transactions.  Pursuant to the Code, no supervised person may acquire securities for their own account in an initial public offering, a private placement or limited offering without prior written approval of the Compliance Officer. Supervised persons are prohibited from recommending any securities transaction without having fully disclosed any interest which may exist in such security. Supervised persons are also prohibited from short-term profiting by the purchase and sale or sale and purchase of the same security and are subject to a 60-day holding period for the beneficial ownership of any security held in client accounts. A complete copy of the Code will be provided to any client or prospective client free of charge upon request by calling HANYS Benefit Services at 1-800-388-1963 or by writing to the Company at its principal address.	
<b>10.</b>	<b>10</b> Company will generally require a minimum balance of \$10,000 in account assets for a new-advisory client, although under appropriate circumstances accounts with less than \$10,000 may be accepted. There are no special conditions for starting or maintaining a minimum account with the Company.	

Complete amended pages in full, circle amended items and file with execution page (page 1). PAGE 7

**Schedule F of  
Form ADV  
Continuation Sheet for Form ADV  
Part II**

Applicant:	SEC File Number:	Date:
<b>Healthcare Community Securities Corporation</b>	801- <b>801-67370</b>	01/25/2010

(Do not use this Schedule as a continuation sheet for Form ADV Part I or any other schedules.)

1. Full name of applicant exactly as stated in Item 1A of Form ADV: <b>Healthcare Community Securities Corporation</b>	IRS Empl. Ident. No.: 14-1764768
---	-------------------------------------

Item of Form (identify)	Answer
<b>11. A</b>	<b>11. A</b> Accounts reviewed semi-annually, at a minimum, by the Managing Director John Jezsu. The review process contains each of the following elements: assess client's goals and objectives; evaluate the strategy which has been employed; monitor the portfolio and address the need to rebalance. Any one or more of the following events may trigger account reviews: specific client request; change in client's goals/objectives quarterly from date of contract and changes in asset allocation and/or policy limits.
<b>11. B</b>	<b>11. B</b> Clients receive statements to their address of record detailing their balance and changes that have occurred within the last quarter, reflecting such things as capital gains, dividends, contributions and any gain or loss in value in the account. From time-to-time, the Company will contact clients with specific information pertaining to their account in addition to a quarterly newsletter identifying current trends in the market. It is the client's responsibility to report any material changes in their finances or objectives to the Company, at any time.
<b>13. A</b>	<b>13. A</b> Registered representatives of the Company may place securities transactions with the Company and receive commissions as already previously explained in Item 1D. In addition, the Company may receive 12b-1 fees from registered investment companies on a fully disclosed basis

Complete amended pages in full, circle amended items and file with execution page (page 1). PAGE 8