

Edgar Filing: WATERSIDE CAPITAL CORP - Form NSAR-U

WATERSIDE CAPITAL CORP  
Form NSAR-U  
February 29, 2012

FORM N-SAR  
SEMI-ANNUAL REPORT  
FOR REGISTERED INVESTMENT COMPANIES

Report for six month period ending:        /        /        (a)

or fiscal year ending: 06/30/11 (b)

Is this a transition report? (Y/N) N

Is this an amendment to a previous filing? (Y/N) N

Those items or sub-items with a box "[X]" after the item number should be completed only if the answer has changed from the previous filing on this form.

1. A. Registrant Name: Waterside Capital Corporation  
B. File Number: 811-8387  
C. Telephone Number: 757-626-1111
2. A. Street: 2505 Cheyne Walk  
B. City: Virginia Beach        C. State: VA        D. Zip Code: 23454        Zip Ext:  
E. Foreign Country:        Foreign Postal Code:
3. Is this the first filing on this form by Registrant? (Y/N) N
4. Is this the last filing on this form by Registrant? (Y/N) N
5. Is Registrant a small business investment company (SBIC)? (Y/N) Y  
[If answer is "Y" (Yes), complete only items 89 through 110.]
6. Is Registrant a unit investment trust (UIT)? (Y/N) N  
[If answer is "Y" (Yes) completes only items 111 through 132.]
7. A. Is Registrant a series or multiple portfolio company? (Y/N) N  
[If answer is "N" (No), go to item 8.]  
B. How many separate series or portfolios did Registrant have at the end of the period? \_\_\_\_\_

01

If filing more than one  
Page 37, "X" box:        [ ]

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SMALL BUSINESS INVESTMENT COMPANIES

INVESTMENT ADVISER

89. A. [X] Adviser Name (If any): \_\_\_\_\_  
B. [X] File Number: 801- \_\_\_\_\_  
C. [X] City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Zip Ext.: \_\_\_\_\_

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[X] Foreign Country: \_\_\_\_\_ Foreign Postal Code: \_\_\_\_\_

89. A. [X] Adviser Name (If any): \_\_\_\_\_

B. [X] File Number: 801- \_\_\_\_\_

C. [X] City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Zip Ext.: \_\_\_\_\_

[X] Foreign Country: \_\_\_\_\_ Foreign Postal Code: \_\_\_\_\_

TRANSFER AGENT

90. A. [X] Transfer Agent Name (If any): \_\_\_\_\_

B. [X] File Number: \_\_\_\_\_ - \_\_\_\_\_

C. [X] City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Zip Ext.: \_\_\_\_\_

[X] Foreign Country: \_\_\_\_\_ Foreign Postal Code: \_\_\_\_\_

90. A. [X] Transfer Agent Name (If any): \_\_\_\_\_

B. [X] File Number: \_\_\_\_\_ - \_\_\_\_\_

C. [X] City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Zip Ext.: \_\_\_\_\_

[X] Foreign Country: \_\_\_\_\_ Foreign Postal Code: \_\_\_\_\_

INDEPENDENT PUBLIC ACCOUNTANT

91. A. [X] Accountant Name: \_\_\_\_\_

B. [X] City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Zip Ext.: \_\_\_\_\_

C. [X] Foreign Country: \_\_\_\_\_ Foreign Postal Code: \_\_\_\_\_

91. A. [X] Accountant Name: \_\_\_\_\_

B. [X] City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Zip Ext.: \_\_\_\_\_

C. [X] Foreign Country: \_\_\_\_\_ Foreign Postal Code: \_\_\_\_\_

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CUSTODIAN

92. A. [X] Custodian: Small Business Administration

B. [X] City: Washington State: D.C. Zip Code: 20416 Zip Ext.: \_\_\_\_\_

C. [X] Foreign Country: \_\_\_\_\_ Foreign Postal Code: \_\_\_\_\_

D. [X] Mark one of the following with an "X":

TYPE OF CUSTODY

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Bank	Member Nat'l		Foreign	Insurance Co.	
Sec. 17(f) (1)	Sec. Exchg.	Self	Custodian	Sponsor	Other
-----	Rule 17f-1	Rule 17f-2	Rule 17f-5	Rule 26a-2	-----
					X

NOTE: If self-custody, give name of safekeeping depository and location of assets in sub-items 92A and 92B.

E. [X] Does Registrant's custodian maintain some or all of registrant's securities in a central depository or book-entry system pursuant to Rule 17f-4? (Y/N)\_\_\_\_\_ Y  
Y/N

93. [X] Does Registrant's adviser(s) have advisory clients other than investment companies? (Y/N)\_\_\_\_\_ Y/N

94. Family of investment companies information:

A. [X] Is Registrant part of a family of investment companies? (Y/N)\_\_\_\_\_ Y/N

B. [X] If "Y" (Yes) state the number of registered management investment companies in the family:\_\_\_\_\_         
(NOTE: count as a separate company each series of a series company and each portfolio of a multiple portfolio company; exclude all series of unit investment trusts from this number.)

C. [X] Identify the family using 10 letters:\_\_\_\_\_         
(NOTE: In filing this form, use this identification consistently for all investment companies in the family including any unit investment trusts. This designation is for purposes of this form only.)

D. [X] Is Registrant a wholly-owned subsidiary of a business development company ("BDC")? (Y/N)\_\_\_\_\_ Y/N

E. [X] If "Y" (Yes), identify the BDC as follows:

BDC name:

File Number: 2- or 33-

If filing more than one  
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95. Sales, repurchases, and redemptions of Registrant's securities during the period:

Number of	Net
Shares or	Consideration
Principal	Received

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Class of Security	Amount of Debt (\$000's omitted)	or Paid (\$000's omitted)
Common Stock:		
A. <input checked="" type="checkbox"/> Sales	_____	\$ _____
B. <input checked="" type="checkbox"/> Repurchases	_____	\$ _____
Preferred Stock:		
C. <input checked="" type="checkbox"/> Sales	_____	\$ _____
D. <input checked="" type="checkbox"/> Repurchases and redemptions	_____	\$ _____
Debt Securities:		
E. <input checked="" type="checkbox"/> Sales	\$ _____	\$ _____
F. <input checked="" type="checkbox"/> Repurchases and redemptions	\$ _____	\$ _____

96. Securities of Registrant registered on a National Securities Exchange or listed on NASDAQ:

	Title of each class of securities	CUSIP or NASDAQ No.	Ticker Symbol
A. <input checked="" type="checkbox"/>	_____	_____	_____
B. <input checked="" type="checkbox"/>	_____	_____	_____
C. <input checked="" type="checkbox"/>	_____	_____	_____

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FINANCIAL INFORMATION

97. A. How many months do the answers to items 97 and 98 cover? 12 Months

	For period covered by this form (\$000's omitted)
INCOME	
B. Net interest income_____	\$ 779
C. Net dividend income_____	\$ 1,211
D. Account maintenance fees_____	\$ _____

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E. Net other income_____	\$	232
EXPENSES		
F. Gross advisory fees_____	\$	_____
G. Gross administrator(s) fees_____		
(Negative answers allowed for 97H through 97S)	\$	_____
H. Salaries and other compensation_____	\$	241
I. Shareholder servicing agent fees_____	\$	_____
J. Custodian fees_____	\$	_____
K. Postage_____	\$	_____
L. Printing expenses_____	\$	2
M. Directors' fees_____	\$	4
N. Registration fees_____	\$	_____
O. Taxes_____	\$	_____
P. Interest_____	\$	817
Q. Bookkeeping fees paid to anyone performing this service_____	\$	_____
R. Auditing fees_____	\$	35
S. Legal fees_____	\$	102

40

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		For period covered by this form (\$000's omitted) -----
Expenses (Negative answers allowed on this screen for 97T through 97W and 97Z only)		
T. Marketing/distribution payments including payments pursuant to a Rule 12b-1 plan _____	\$	_____
U. Amortization of organization expenses _____	\$	_____
V. Shareholder meeting expenses _____	\$	_____
W. Other expenses _____	\$	1,538
X. Total expenses _____	\$	2,739
Y. Expense reimbursements _____	\$	_____

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Z. Net investment income \_\_\_\_\_ \$