



Edgar Filing: WATERSIDE CAPITAL CORP - Form NSAR-U

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

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95. Sales, repurchases, and redemptions of Registrant's securities during the period:

	Number of Shares or	Net Consideration
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Class of Security	Principal Amount of Debt (\$000's omitted)	Received 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 _____	\$ 876
C. Net dividend income _____	\$ 169

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D. Account maintenance fees \_\_\_\_\_ \$ \_\_\_\_\_

E. Net other income \_\_\_\_\_ \$ 66

EXPENSES

F. Gross advisory fees \_\_\_\_\_ \$ \_\_\_\_\_

G. Gross administrator(s) fees \_\_\_\_\_ \$ \_\_\_\_\_  
(Negative answers allowed for 97H through 97S)

H. Salaries and other compensation \_\_\_\_\_ \$ 239

I. Shareholder servicing agent fees \_\_\_\_\_ \$ \_\_\_\_\_

J. Custodian fees \_\_\_\_\_ \$ \_\_\_\_\_

K. Postage \_\_\_\_\_ \$ \_\_\_\_\_

L. Printing expenses \_\_\_\_\_ \$ \_\_\_\_\_

M. Directors' fees \_\_\_\_\_ \$ 4

N. Registration fees \_\_\_\_\_ \$ \_\_\_\_\_

O. Taxes \_\_\_\_\_ \$ \_\_\_\_\_

P. Interest \_\_\_\_\_ \$ 723

Q. Bookkeeping fees paid to anyone performing this service \_\_\_\_\_ \$ \_\_\_\_\_

R. Auditing fees \_\_\_\_\_ \$ 32

S. Legal fees \_\_\_\_\_ \$ 34

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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 _____	\$ 165
X. Total expenses _____	\$ 1,197

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Y. Expense reimbursements \_\_\_\_\_ \$ \_\_\_\_\_  
Z. Net investment income \_\_\_\_\_ \$ \_\_\_\_\_