

Edgar Filing: WATERSIDE CAPITAL CORP - Form NSAR-U

WATERSIDE CAPITAL CORP
Form NSAR-U
February 28, 2013

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

Report for six month period ending: 12/31/12(a)

or fiscal year ending: / / (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) complete 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- _____

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C. ☒ City: _____ State: _____ Zip Code: ____ Zip Ext.:____
☒ Foreign Country: _____ Foreign Postal Code: _____

89. A. ☒ Adviser Name (If any): _____

B. ☒ File Number: 801- _____

C. ☒ City: _____ State: _____ Zip Code: ____ Zip Ext.:____
☒ Foreign Country: _____ Foreign Postal Code: _____

TRANSFER AGENT

90. A. ☒ Transfer Agent Name (If any): _____

B. ☒ File Number: _____ - _____

C. ☒ City: _____ State: _____ Zip Code: ____ Zip Ext.:____
☒ Foreign Country: _____ Foreign Postal Code: _____

90. A. ☒ Transfer Agent Name (If any): _____

B. ☒ File Number: _____ - _____

C. ☒ City: _____ State: _____ Zip Code: ____ Zip Ext.:____
☒ Foreign Country: _____ Foreign Postal Code: _____

INDEPENDENT PUBLIC ACCOUNTANT

91. A. ☒ Accountant Name: _____

B. ☒ City: _____ State: _____ Zip Code: ____ Zip Ext.:____

C. ☒ Foreign Country: _____ Foreign Postal Code: _____

91. A. ☒ Accountant Name: _____

B. ☒ City: _____ State: _____ Zip Code: ____ Zip Ext.:____

C. ☒ Foreign Country: _____ Foreign Postal Code: _____

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CUSTODIAN

92. A. ☒ Custodian: _____

B. ☒ City: _____ State: _____ Zip Code: ____ Zip Ext.:____

C. ☒ Foreign Country: _____ Foreign Postal Code: _____

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

TYPE OF CUSTODY

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

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

E. ☒ 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/N

93. ☒ Does Registrant's adviser(s) have advisory clients other than investment companies? (Y/N) _____ Y/N

94. Family of investment companies information:

A. ☒ Is Registrant part of a family of investment companies? (Y/N) _____ Y/N

B. ☒ 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. ☒ 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. ☒ Is Registrant a wholly-owned subsidiary of a business development company ("BDC")? (Y/N) _____ Y/N

E. ☒ 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:

Class of Security	Number of Shares or Principal Amount of Debt (\$000's omitted)	Net Consideration Received or Paid (\$000's omitted)
-----	-----	-----
Common Stock:		
A. ☒ Sales	_____	\$ _____
B. ☒ Repurchases	_____	\$ _____
Preferred Stock:		
C. ☒ Sales	_____	\$ _____
D. ☒ Repurchases and redemptions	_____	\$ _____
Debt Securities:		
E. ☒ Sales	\$ _____	\$ _____
F. ☒ 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. ☒ _____	_____	_____
B. ☒ _____	_____	_____
C. ☒ _____	_____	_____

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FINANCIAL INFORMATION

97. A. How many months do the answers to items 97 and 98 cover? 6 Months

	For period covered by this form (\$000's omitted)
INCOME	-----
B. Net interest income _____	\$ 295
C. Net dividend income _____	\$ 206

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D. Account maintenance fees _____ \$ _____

E. Net other income _____ \$ 11

EXPENSES

F. Gross advisory fees _____ \$ _____

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

H. Salaries and other compensation _____ \$ 93

I. Shareholder servicing agent fees _____ \$ _____

J. Custodian fees _____ \$ _____

K. Postage _____ \$ _____

L. Printing expenses _____ \$ _____

M. Directors' fees _____ \$ 4

N. Registration fees _____ \$ _____

O. Taxes _____ \$ _____

P. Interest _____ \$ 368

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

R. Auditing fees _____ \$ 30

S. Legal fees _____ \$ 19

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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 _____	\$ 35	

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X. Total expenses _____ \$ 549

Y. Expense reimbursements _____ \$ _____

Z. Net investment income _____ \$ _____