



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<br>Sec. 17(f) (1) | Member Nat'l<br>Sec. Exchg.<br>Rule 17f-1 | Self<br>Rule 17f-2 | Foreign<br>Custodian<br>Rule 17f-5 | Insurance Co.<br>Sponsor<br>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 | Net           |
|  | Shares or | 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<br>covered by<br>this form<br>(\$000's<br>omitted)<br>----- |
|--|--|
| Expenses (Negative answers allowed on this screen for<br>97T through 97W and 97Z only)       |  |
| T. Marketing/distribution payments including payments<br>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 \_\_\_\_\_ \$ \_\_\_\_\_