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WATERSIDE CAPITAL CORP  
Form NSAR-U  
February 28, 2014

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

Report for six month period ending: 12/31/13(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: 757-672-2778
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 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
-----	-----	-----	-----	-----	-----

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

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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. <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? \_\_\_\_\_ 6 Months

INCOME	For period covered by this form (\$000's omitted) -----
B. Net interest income _____	\$ 240
C. Net dividend income _____	\$ 464

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

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

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 \_\_\_\_\_ \$ 5

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

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

P. Interest \_\_\_\_\_ \$ 372

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

R. Auditing fees \_\_\_\_\_ \$ 21

S. Legal fees \_\_\_\_\_ \$ 53

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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 _____	\$ 52

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X.	Total expenses _____	\$	596
Y.	Expense reimbursements _____	\$	_____
Z.	Net investment income _____	\$	108*
AA.	Realized capital gains _____	\$	14
BB.	Realized capital losses _____	\$	_____
CC.	1. Net unrealized appreciation during the period _____	\$	_____
	2. Net unrealized depreciation during the period _____	\$	_____