

Federal Communications Commission Washington, D.C. 20554 <p style="text-align: center;">FCC 323-E</p>	Approved by OMB 3060-0084 (June 2002)	FOR FCC USE ONLY FOR COMMISSION USE ONLY FILE NO. BOA - 20140228AAP
Ownership Report For Noncommercial Educational Broadcast Station Read INSTRUCTIONS Before Filling Out Form		

Section I - General

1.	Legal Name of the Licensee/Permittee MORRIS SCHOOL DISTRICT		
	Mailing Address 50 EARLY STREET		
	City MORRISTOWN	State or Country (if foreign address) NJ	ZIP Code 07960 -
	Telephone Number (include area code) 9732922300	E-Mail Address (if available) MCDADE@MSDK12.NET	
	FCC Registration Number: 0005794193	Call Sign WJSV	Facility ID Number 43849
2.	Contact Representative (if other than Licensee/Permittee) TIM MCDADE		
	Firm or Company Name MORRIS SCHOOL DISTRICT		
	Mailing Address 50 EARLY STREET		
	City MORRISTOWN	State or Country (if foreign address) NJ	ZIP Code 07960 -
	Telephone Number (include area code) 9732922300	E-Mail Address (if available) MCDADE@MSDK12.NET	
3.	Name of entity, if other than licensee or permittee, for which report is filed		
	Mailing Address		
	City	State or Country (if foreign address)	ZIP Code
	Telephone Number (include area code)	E-Mail Address (if available)	

Section II - Ownership Information

4.	All of the information furnished in this Report is accurate as of 02/28/2014 (Date must comply with 47 C.F.R. Section 73.3615(d), i.e., information must be current within 60 days of filing of this report, when 4(a) below is checked.) This Report is filed for (check one) a. <input checked="" type="radio"/> Biennial b. <input type="radio"/> Transfer of Control or Assignment of License/Permit c. <input type="radio"/> Other d. <input type="radio"/> Amendment to pending application for the following stations: [Enter Station Information]
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Station List

This Report is filed for the following stations:

Call Letters	Facility ID Number	Location (City/State)	Class of service
WJSV	43849	MORRISTOWN NJ	FM

5. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject licensee or permittee shall respond.)

[Enter Contract/Instrument Information]

6. Is the governing board directly or indirectly under the control of another entity? Yes No
 If Yes, is a separate FCC Form 323-E submitted for such entity? Yes No

7. List officers, members of governing board, and holders of 1% or more ownership interest, if any. Use one column for each individual or entity. Attach supplemental pages, if necessary.

[Enter Owner Information]

Owner Information

List officers, members of governing board, and holders of 1% or more ownership interest, if any. Use one column for each individual or entity. Attach supplemental pages if necessary.

(Read carefully - The numbered items below refer to line numbers in the following table.)

a. Name and address of officer, member of governing board, and holders of 1% or more ownership interest (if other than individual also show name, address and citizenship of natural person authorized to vote the interest). List officers first, then board members, and thereafter, holders of 1% or more ownership interest, if any.

b. Citizenship.

c. Office held.

d. Percent of interest held.

e. Principal profession or occupation.

f. By whom appointed or elected.

g. Existing interests in any other broadcast station, including the nature and size of such interests.

a. Name and Address.	LEONARD POSEY, 5 GRACE WAY, MORRISTOWN, NJ 07960
b. Citizenship.	US
c. Office held.	BOARD PRESIDENT
d. Percent of interest held.	10.00
e. Principal profession or occupation.	MANAGEMENT CONSULTANT
f. By whom appointed or elected.	VOTERS
g. Existing interests	NONE

a. Name and Address.	PETER GALLERSTEIN
b. Citizenship.	US
c. Office held.	BOARD VICE PRESIDENT
d. Percent of interest held.	10.00
e. Principal profession or occupation.	PHYSICIAN
f. By whom appointed or elected.	VOTERS

g. Existing interests	NONE
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a. Name and Address.	NANCY BANGIOLA
b. Citizenship.	US
c. Office held.	BOARD MEMBER
d. Percent of interest held.	10.00
e. Principal profession or occupation.	ATTORNEY
f. By whom appointed or elected.	VOTERS
g. Existing interests	NONE

a. Name and Address.	NORMAN BLANCHARD
b. Citizenship.	US
c. Office held.	BOARD MEMBER
d. Percent of interest held.	10.00
e. Principal profession or occupation.	BUILDING CONTRACTOR
f. By whom appointed or elected.	VOTERS
g. Existing interests	NONE

a. Name and Address.	TERESA MURPHY
b. Citizenship.	US
c. Office held.	BOARD MEMBER
d. Percent of interest held.	10.00
e. Principal profession or occupation.	HEALTHCARE COORDINATOR
f. By whom appointed or elected.	VOTERS
g. Existing interests	NONE

a. Name and Address.	LISA J. POLLACK
b. Citizenship.	US
c. Office held.	BOARD MEMBER
d. Percent of interest held.	10.00
e. Principal profession or occupation.	ATTORNEY
f. By whom appointed or elected.	VOTERS
g. Existing interests	NONE

a. Name and Address.	ANN RHINES
b. Citizenship.	US
c. Office held.	BOARD MEMBER
d. Percent of interest held.	10.00
e. Principal profession or	EDUCATOR

occupation.	
f. By whom appointed or elected.	VOTERS
g. Existing interests	NONE

a. Name and Address.	FRAN ROSSOFF
b. Citizenship.	US
c. Office held.	BOARD MEMBER
d. Percent of interest held.	10.00
e. Principal profession or occupation.	NURSE
f. By whom appointed or elected.	VOTERS
g. Existing interests	NONE

a. Name and Address.	JEANNETTE THOMAS
b. Citizenship.	US
c. Office held.	BOARD MEMBER
d. Percent of interest held.	10.00
e. Principal profession or occupation.	SECURITY MANAGER
f. By whom appointed or elected.	VOTERS
g. Existing interests	NONE

a. Name and Address.	LUCIA GALDI
b. Citizenship.	US
c. Office held.	BOARD MEMBER
d. Percent of interest held.	10.00
e. Principal profession or occupation.	HR MANAGER
f. By whom appointed or elected.	VOTERS
g. Existing interests	NONE

SECTION III - CERTIFICATION

I certify that I am CHRISTINE A. KELLY - BUSINESS ADMINSTRATOR/BOARD SECRETARY

(Official Title)

of WJSV - MORRISTOWN HIGH SCHOOL

(Exact legal title or name of respondent)

and that I have examined this Report and that to the best of my knowledge and belief, all statements in this Report are true, correct and complete.

(Date of certification must be within 60 days of the date shown in Question 4, Section II and in no event prior to that date.)

Signature CHRISTINE A. KELLY	Date 02/28/2014
Telephone Number of Respondent (Include area code) 9732922300	

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Exhibits