

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
<p>Ownership Report For Noncommercial Educational Broadcast Station</p> <p>Read INSTRUCTIONS Before Filling Out Form</p>	FOR COMMISSION USE ONLY FILE NO. - 20100701BJM

Section I - General

1.	Legal Name of the Licensee/Permittee WESTERN ILLINOIS UNIVERSITY		
	Mailing Address 1 UNIVERSITY CIRCLE		
	City MACOMB	State or Country (if foreign address) IL	ZIP Code 61455 -
	Telephone Number (include area code) 3092981873	E-Mail Address (if available) PUBLICRADIO@WIU.EDU	
	FCC Registration Number: 0004287942	Call Sign WIUM	Facility ID Number 71791
2.	Contact Representative (if other than Licensee/Permittee) JEROLD L. JACOBS, ESQ.		Firm or Company Name COHN AND MARKS LLP
	Telephone Number (include area code) 2022933860	E-Mail Address (if available) JEROLD.JACOBS@COHNMARKS.COM	
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 7/1/2010 (<i>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.</i>)		
	This Report is filed for (<i>check one</i>)		
	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]		
	<p>Station List</p>		
	This Report is filed for the following stations:		

Call Letters	Facility ID Number	Location (City/State)	Class of service
WIUS	71788	MACOMB IL	FM
Call Letters	Facility ID Number	Location (City/State)	Class of service
WIUM	71791	MACOMB IL	FM
Call Letters	Facility ID Number	Location (City/State)	Class of service
WIUW	71792	WARSAW IL	FM
Call Letters	Facility ID Number	Location (City/State)	Class of service
WQPT-TV	5468	MOLINE IL	TV

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]

Contracts/Instruments Information

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 shall respond.)

Description of Contract or Instrument	Name of person or organization with whom contract is made	Date of Execution	Date of Expiration
SATELLITE FEED OF PROGRAMMING	NATIONAL PUBLIC RADIO	06/01/1982	ONGOING

Description of Contract or Instrument	Name of person or organization with whom contract is made	Date of Execution	Date of Expiration
SATELLITE FEED OF PROGRAMMING	PUBLIC RADIO INTERNATIONAL	10/01/1995	ONGOING

Description of Contract or Instrument	Name of person or organization with whom contract is made	Date of Execution	Date of Expiration
DAILY NEWS FEEDS	ASSOCIATED PRESS	07/01/1980	ONGOING

Description of Contract or Instrument	Name of person or organization with whom contract is made	Date of Execution	Date of Expiration

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.	ALVIN GOLDFARB, 2001 WIGWAM HOLLOW RD., MACOMB, IL 61455
b. Citizenship.	US
c. Office held.	PRESIDENT, WIU
d. Percent of interest held.	0.00
e. Principal profession or occupation.	PRESIDENT, WESTERN ILLINOIS UNIVERSITY
f. By whom appointed or elected.	BOARD OF TRUSTEES
g. Existing interests	NONE

a. Name and Address.	JACK THOMAS, 1 UNIVERSITY CIRCLE, MACOMB, IL 61455
b. Citizenship.	US
c. Office held.	VICE PRESIDENT, WIU
d. Percent of interest held.	0.00
e. Principal profession or occupation.	PROVOST & ACADEMIC VP, WESTERN ILLINOIS UNIVERSITY
f. By whom appointed or elected.	BOARD OF TRUSTEES
g. Existing interests	NONE

a. Name and Address.	WILLIAM L. EPPERLY, PO BOX 543463, CHICAGO IL 60610
b. Citizenship.	US
c. Office held.	SECRETARY, BD. OF TRUSTEES
d. Percent of interest held.	0.00
e. Principal profession or occupation.	OWNER, STONEAGE MARKETING
f. By whom appointed or elected.	GOVERNOR OF ILLINOIS
g. Existing interests	NONE

a. Name and Address.	J. MICHAEL HOUSTON, EAST OLD CAPITOL PLAZA, SPRINGFIELD, IL 62701
b. Citizenship.	US
c. Office held.	CHAIR, BD. OF TRUSTEES

d. Percent of interest held.	0.00
e. Principal profession or occupation.	PRES. AND CEO, TOWN & COUNTRY BANK
f. By whom appointed or elected.	GOVERNOR OF ILLINOIS
g. Existing interests	NONE

a. Name and Address.	CAROLYN J. EHLERT FULLER, 2909-143 AVENUE COURT WEST, MILAN IL 61264
b. Citizenship.	US
c. Office held.	VICE CHAIR, BD. OF TRUSTEES
d. Percent of interest held.	0.00
e. Principal profession or occupation.	RETIRED BUSINESSWOMAN
f. By whom appointed or elected.	GOVERNOR OF ILLINOIS
g. Existing interests	NONE

a. Name and Address.	STEVEN L. NELSON, 1600 4TH AVE., ROCK ISLAND IL 61201
b. Citizenship.	US
c. Office held.	MEMBER, BD. OF TRUSTEES
d. Percent of interest held.	0.00
e. Principal profession or occupation.	ATTORNEY
f. By whom appointed or elected.	GOVERNOR OF ILLINOIS
g. Existing interests	NONE

a. Name and Address.	DONALD W. GRIFFIN, 1408 WESTVIEW DR., MACOMB, IL 61455
b. Citizenship.	US
c. Office held.	MEMBER, BD. OF TRUSTEES
d. Percent of interest held.	0.00
e. Principal profession or occupation.	RETIRED PROFESSOR, WIU
f. By whom appointed or elected.	GOVERNOR OF ILLINOIS
g. Existing interests	NONE

a. Name and Address.	CHRIS BRONSON, WESTERN ILLINOIS UNIV., MACOMB IL 61455
b. Citizenship.	US
c. Office held.	STUDENT REPRESENTATIVE, BD. OF TRUSTEES
d. Percent of interest held.	0.00
e. Principal profession or occupation.	STUDENT
f. By whom appointed or	ELECTED BY STUDENT BODY

elected.	
g. Existing interests	NONE

SECTION III - CERTIFICATION

I certify that I am PRESIDENT

(Official Title)

of WESTERN ILLINOIS UNIVERSITY

(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 ALVIN GOLDFARB	Date 7/1/2010
Telephone Number of Respondent (Include area code) 3092981824	

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