



(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0030636393** | File Number: **0000268418** | Submit Date: **03/24/2025** | Call Sign: **KACT-FM** | Facility ID: **74560**

City: **ANDREWS** | State: **TX**

Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Submitted** | Status Date: **03/24/2025** | Filing Status: **Active**

## General Information

Section	Question	Response
<b>Application Description</b>	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	EEO Report for KACT FM due 4-1-25
<b>Attachments</b>	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

### Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>Andrews Broadcasting Company Incorporated</b> Doing Business As: KACT-FM	Jessica M Reid 505 NW 10th St. Andrews, TX 79714 United States	+1 (432) 638-1780	jessica27@suddenlinkmail.com	COR

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Gerald K Reid Station Manager Andrews Broadcasting Company Incorporated	Gerald Reid 505 NW 10th St. Andrews, TX 79714 United States	+1 (432) 559-1738	kactproduction@windstream.net	Station Manager

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
74562	KACT	ANDREWS	TX	No
74560	KACT-FM	ANDREWS	TX	No

## Program Report Questions

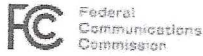
Section	Question	Response
<b>Discrimination Complaints</b>	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No
<b>Full-time Employees</b>	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	Yes

**Certification**

Question	Response
The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F. R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	03/24 /2025
Certified Title	Station Manager
Authorized Party Name	Gerald Reid

**Attachments**

No Attachments.



(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0030636393** File Number: **0000241696** Submit Date: **03/21/2024** Call Sign: **KACT-FM** Facility ID: **74560**City: **ANDREWS** State: **TX**Service: **Full Power FM** Purpose: **EEO Report** Status: **Submitted** Status Date: **03/21/2024** Filing Status: **Active**

## General Information

Section	Question	Response
Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

### Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
Andrews Broadcasting Company Incorporated Doing Business As: KACT	Jessica M Reid 505 NW 10th St. Andrews, TX 79714 United States	+1 (432) 638-1180	jessica27@suddenlinkmail.com	COR

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Gerald K Reid Station Manager Andrews Broadcasting Company Incorporated	Gerald Reid 505 NW 10th St. Andrews, TX 79714 United States	+1 (432) 559-1738	geraldk.reid@suddenlinkmail.com	Station Manager

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
74560	KACT-FM	ANDREWS	TX	No
74562	KACT	ANDREWS	TX	No

## Program Report Questions

Section	Question	Response
Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No
Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	Yes

**Certification**

Question	Response
The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F.R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	03/21 /2024
Certified Title	Station Manager
Authorized Party Name	Gerald Reid

**Attachments**

No Attachments.

## Application Submitted

Down

Your application has been submitted for processing.

- Please pay any fees associated with this application.
- Use the assigned **File Number** when referencing this application in the future.
- The progress of this application can be tracked on the **Applications** page.

### Application Summary

File Number: 0000241696  
Application Purpose: EEO Report  
Status: Submitted  
Date Submitted: 03/21/2024

### Applicant Information

Name: Andrews Broadcasting Company  
Incorporated  
Title:  
Address: 505 NW 10th St.  
Andrews, TX 79714  
United States  
Phone: +1 (432) 638-1180  
Email: jessica27@suddenlinkmail.com

## BROADCAST EQUAL EMPLOYMENT OPPORTUNITY PROGRAM REPORT

(To be filed with broadcast license renewal application)

(For FCC Use Only)

Code No.

Legal Name of the Licensee <i>Andrews Broadcasting Co., Inc.</i>		
Mailing Address <i>505 NW 10th St.</i>		
City <i>Andrews</i>	State or Country (if foreign address) <i>TX</i>	ZIP Code <i>79714</i>
Telephone Number (include area code) <i>432-523-2845</i>	E-Mail Address (if available) <i>jessica27@suddenlinkmail.com</i>	
	Facility ID Number <i>74560</i>	Call Sign <i>KACT FM</i>

**TYPE OF BROADCAST STATION :**

Commercial Broadcast Station

Noncommercial Broadcast Station

Radio

TV

Educational Radio

Low Power TV

Educational TV

International

List call sign and location of all stations included on this report. List commonly owned stations that share one or more employees. Also list stations operated by the licensee pursuant to a time brokerage agreement. Indicate on the table below which stations are operated pursuant to a time brokerage agreement. To the extent that licensees include stations operated pursuant to a time brokerage agreement on this report, responses or information provided in Sections I through IV should take into consideration the licensee's EEO compliance efforts at brokered stations, as well as any other stations, included on this form. For purposes of this form, a station employment unit is a station or a group of commonly owned stations in the same market that share at least one employee.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)	Time Brokerage Agreement (check applicable box)
<i>KACT FM</i>	<i>74560</i>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	<i>Andrews, TX</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>KACT AM</i>	<i>74562</i>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	<i>Andrews, TX</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV		<input type="checkbox"/> Yes <input type="checkbox"/> No

**CONTACT PERSON IF OTHER THAN LICENSEE**

Name		Street Address	
City	State	Zip Code	Telephone No. ( )

**FILING INSTRUCTIONS**

Broadcast station licensees are required to afford equal employment opportunity to all qualified persons and to refrain from discriminating in employment and related benefits on the basis of race, color, national origin, religion, and sex. See 47 C.F.R. Section 73.2080. Pursuant to these requirements, a license renewal applicant whose station employment unit employs five or more full-time station employees must file a report of its activities to ensure equal employment opportunity. If a station employment unit employs fewer than five full-time employees, no equal employment opportunity program information need be filed. If a station employment unit is filing a combined report, a copy of the report must be filed with each station's renewal application.

A copy of this report must be kept in the station's public file. These actions are required to obtain license renewal. Failure to meet these requirements may result in sanctions or license renewal being delayed or denied. These requirements are contained in 47 C.F.R. Section 73.2080 and are authorized by the Communications Act of 1934, as amended.

DISCRIMINATION COMPLAINTS. Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?  Yes  No

If so, provide a brief description of the complaint(s), including the persons involved, the date of the filing, the court or agency, the file number (if any), and the disposition or current status of the matter.

Does your station employment unit employ fewer than five full-time employees?  Yes  No  
Consider as "full-time" employees all those permanently working 30 or more hours a week.

If your station employment unit employs fewer than five full-time employees, complete the certification below, return the form to the FCC, and place a copy in your station(s) public file. You do not have to complete the rest of this form. If your station employment unit employs five or more full-time employees, you must complete all of this form and follow all instructions.

**CERTIFICATION**

This report must be certified, as follows:

- A. By licensee, if an individual;
- B. By a partner, if a partnership (general partner, if a limited partnership);
- C. By an officer, if a corporation or an association; or
- D. By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

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).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed <i>Jessica Reid</i>	Name of Respondent <i>Andrews Broadcasting Co. Inc.</i>
Title <i>President</i>	Telephone No. (include area code) <i>432-638-1180</i>
Date <i>4-1-2023</i>	