

EUID has been updated successfully.



Amend

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# EEO Form 396-C

Reference Copy  
OMB Control No. 3060-1033

File No.: CBL0018778

Filing Status: **Ready for Review**

**10805**

## General Information

**FCC Registration Number (FRN)**

0003759859

**Filing Year**

2024

**Employment Unit ID (EUID)**

10805

## Section I - Identifying Information

**Has the identifying information associated with this EUID changed?**

No

**Operator Legal Name**

RUNESTONE TELEPHONE ASSOCIATION

**Operator Address 1**

PO Box 336 Hoffman, MN 56339

**Operator City**

HOFFMAN

**Operator state**

MN

**Operator Zip Code**

56339

**State of Employment Office**

MN

**County of Employment Office**

Grant

**Application Purpose**

New Program Report

**Supplemental Investigation Sheet (SIS) Required**

false

**Category of Respondent**

Six (6) or more full-time employees during the selected reporting period

**Reporting Period Start Date**

2023-07-01

**Reporting Period End Date**

2024-06-30

## Section II - Community Information

**PSID**

009886

**Communities**

MN0975, MN0976, MN0977, MN0948, MN0504, MN0049, MN0590, MN0587, MN0589, MN0591, MN0882

## Section III - EEO Policy and Program Requirements

**Complied with outreach provisions**

Yes

**Disseminated widely EEO Program**

Yes

**Contacted multiple sources of applicants**

Yes

**Offered promotions in nondiscriminatory manner**

Yes

**Sought out entrepreneurs in a nondiscriminatory manner**

Yes

**Analyzed the results of efforts to recruit hire promote and use services**

Yes

**Defined responsibility of management**

Yes

**Conducted continuing program to exclude prejudice**

Yes

**Conducted continuing review of job structure**

Yes

## Section IV - Additional Information

FCC FORM 396-C -- Supplemental Investigation Sheet PART I - PART I - Employee Job Descriptions

PART II - Inquiries Concerning EEO Program and Practices

PART III - EEO Public File Report

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Exhibits

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Certifications

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

Certifier Information

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**Certifying Official Name and Signature**

Kent Hedstrom

**Certifying Official Phone**

3209862013

**Certifying Date Signed**

2025-02-27

**Certifying Official Title**

General Manager

**Certifying Official Email**

kent.hedstrom@runestone.com