

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT CONSOLIDATED REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842			EMPLOYER NAME ARMSTRONG HOLDINGS INC												
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS						CITY/TOWN				STATE		ZIP CODE			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251563080															
SECTION E – EMPLOYER FILING ELIGIBILITY <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 551114 - Corporate, Subsidiary, and Regional Managing Offices															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	25	0	0	0	0	0	5	0	0	0	0	0	30
First/Mid-Level Officials and Managers	12	2	152	1	0	1	0	0	50	0	0	0	0	0	218
Professionals	2	2	46	2	0	0	0	1	29	0	0	0	1	0	83
Technicians	15	3	338	5	1	1	2	5	8	0	0	0	0	2	380
Sales Workers	2	1	78	7	1	0	0	1	31	0	1	0	0	0	122
Administrative Support Workers	12	11	356	12	2	0	1	7	364	4	0	0	1	4	774
Craft Workers	26	0	260	35	1	0	0	5	5	0	0	0	0	1	333
Operatives	52	73	168	38	30	0	8	9	89	22	17	0	1	4	511
Laborers and Helpers	0	0	24	1	0	0	0	0	1	0	0	0	0	0	26
Service Workers	1	1	6	3	0	0	0	0	1	0	0	0	0	0	12
CURRENT 2024 REPORTING YEAR TOTAL	122	93	1453	104	35	2	11	28	583	26	18	0	3	11	2489
PRIOR 2023 REPORTING YEAR TOTAL	111	71	1449	97	28	2	6	31	574	33	15	0	5	9	2431
SECTION I – WORKFORCE SNAPSHOT PERIOD 10/13/2024 - 10/26/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) Not Applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)			EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026	
SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION				
EMPLOYER IDENTIFICATION				
OFS COMPANY ID L323842		EMPLOYER NAME ARMSTRONG HOLDINGS INC		
ADDRESS 1 ARMSTRONG PLACE		CITY/TOWN BUTLER	STATE PA	ZIP CODE 16001
CERTIFICATION COMMENTS (optional)				
No Certification Comments Provided				
CERTIFICATION STATEMENT <i>"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."</i> Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.				
DATE OF CERTIFICATION 6/2/2025 2:17 PM [EST]				
EMPLOYER'S CERTIFYING OFFICIAL				
Name of Employer's Certifying Official Hope Martin-Palmer		Title of Certifying Official Director, Compensation & Benefits		
Email Address of Certifying Official hmartinpalmer@agoc.com		Telephone Number of Certifying Official 724-283-0925		
PRIMARY POINT OF CONTACT (POC) FOR EEO-1 COMPONENT 1 REPORTING				
Name of Primary POC Sharyn Potts		Title and Employer of Primary POC Sr. HRIS Analyst Armstrong Holdings Inc		
Email Address of Primary POC spotts@agoc.com		Telephone Number of Primary POC 724-283-0925		

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SECTION A – TYPE OF REPORT HEADQUARTERS REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842			EMPLOYER NAME ARMSTRONG HOLDINGS INC												
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID L323842			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Armstrong Holdings Inc												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1 Armstrong Place						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251563080															
SECTION E – EMPLOYER FILING ELIGIBILITY <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 551114 - Corporate, Subsidiary, and Regional Managing Offices															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	11	0	0	0	0	0	2	0	0	0	0	0	13
First/Mid-Level Officials and Managers	0	1	23	0	0	0	0	0	16	0	0	0	0	0	40
Professionals	0	0	4	0	0	0	0	0	9	0	0	0	0	0	13
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Administrative Support Workers	0	0	19	0	0	0	0	0	39	0	0	0	0	0	58
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	7	0	0	0	0	0	1	0	0	0	0	0	8
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	1	69	0	0	0	0	0	67	0	0	0	0	0	137
PRIOR 2023 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

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SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842				EMPLOYER NAME ARMSTRONG HOLDINGS INC											
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID A414853				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Armstrong Utilities Inc.											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 9328 Woodworth Road						CITY/TOWN NORTH LIMA				STATE OH		ZIP CODE 44452			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251092834															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 517111 - Wired Telecommunications Carriers															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	2	0	27	1	0	0	0	1	0	0	0	0	0	0	31
Sales Workers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Administrative Support Workers	0	1	4	0	0	0	0	0	2	0	0	0	0	0	7
Craft Workers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	2	1	38	1	0	0	0	1	3	0	0	0	0	0	46
PRIOR 2023 REPORTING YEAR TOTAL	2	1	41	1	0	0	0	1	3	0	0	0	0	0	49
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

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SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842			EMPLOYER NAME ARMSTRONG HOLDINGS INC												
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID A651474			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Armstrong Utilities Inc.												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 437 North Main Street						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251092834															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 517111 - Wired Telecommunications Carriers															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
First/Mid-Level Officials and Managers	0	0	30	0	0	0	0	0	2	0	0	0	0	0	32
Professionals	0	0	13	0	0	0	0	0	3	0	0	0	0	0	16
Technicians	0	0	32	0	0	0	0	0	2	0	0	0	0	0	34
Sales Workers	1	0	7	0	0	0	0	0	6	0	0	0	0	0	14
Administrative Support Workers	4	4	157	7	0	0	0	5	103	2	0	0	1	1	284
Craft Workers	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	5	4	253	7	0	0	0	5	117	2	0	0	1	1	395
PRIOR 2023 REPORTING YEAR TOTAL	7	3	246	5	0	0	0	5	124	3	0	0	1	3	397
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

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SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842				EMPLOYER NAME ARMSTRONG HOLDINGS INC											
ADDRESS 1 ARMSTRONG PLACE								CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001	
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID AG64631				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Armstrong Development Inc.											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1 Armstrong Place								CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001	
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251586165															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 237210 - Land Subdivision															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	1	3	0	0	0	0	0	5	0	0	0	0	0	9
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	1	4	0	0	0	0	0	6	0	0	0	0	0	11
PRIOR 2023 REPORTING YEAR TOTAL	0	1	6	0	0	0	0	0	4	0	0	0	0	0	11
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
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U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842			EMPLOYER NAME ARMSTRONG HOLDINGS INC												
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID DV81018			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Guardian Protection Services Inc.												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 5627 University Heights Blvd						CITY/TOWN SAN ANTONIO				STATE TX		ZIP CODE 78249			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251666844															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 561621 - Security Systems Services (except Locksmiths)															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	2	0	1	0	0	0	0	0	1	0	0	0	0	0	4
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	1	0	0	0	0	0	1	0	0	0	0	0	3
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	4	0	5	0	0	0	0	0	0	0	0	0	0	0	9
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	7	0	7	0	0	0	0	0	3	0	0	0	0	0	17
PRIOR 2023 REPORTING YEAR TOTAL	10	0	10	0	0	0	0	0	3	0	0	0	0	0	23
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
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OFS COMPANY ID L323842			EMPLOYER NAME ARMSTRONG HOLDINGS INC												
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID DV81202			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Guardian Protection Services Inc.												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 4710 Eisenhower Blvd F-1						CITY/TOWN TAMPA				STATE FL		ZIP CODE 33634			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251666844															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 561621 - Security Systems Services (except Locksmiths)															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	1	2	0	0	0	0	0	0	0	0	0	0	0	4
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	4	0	0	0	0	0	2	0	1	0	0	0	7
Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Craft Workers	5	0	15	2	0	0	0	1	0	0	0	0	0	0	23
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	6	1	21	2	0	0	0	1	4	0	1	0	0	0	36
PRIOR 2023 REPORTING YEAR TOTAL	7	0	22	4	0	0	0	1	3	0	0	0	0	0	37
SECTION I – WORKFORCE SNAPSHOT PERIOD 10/13/2024 - 10/26/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842				EMPLOYER NAME ARMSTRONG HOLDINGS INC											
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID DV81918				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Guardian Protection Services Inc.											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 301 Commerce Park Drive						CITY/TOWN WARRENDALE				STATE PA		ZIP CODE 15086			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251666844															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 561621 - Security Systems Services (except Locksmiths)															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	26	1	0	0	0	1	1	0	0	0	0	0	29
Operatives	0	0	8	0	0	0	0	0	0	0	0	0	0	0	8
Laborers and Helpers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	45	1	0	0	0	1	1	0	0	0	0	0	48
PRIOR 2023 REPORTING YEAR TOTAL	0	0	43	1	0	0	0	1	1	0	0	0	0	0	46
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) new address															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842			EMPLOYER NAME ARMSTRONG HOLDINGS INC												
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID FN48622			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Armstrong Utilities Inc.												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 531 Perry Way						CITY/TOWN ZELIENOPLE				STATE PA		ZIP CODE 16063			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251092834															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 517111 - Wired Telecommunications Carriers															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	2	0	43	1	0	0	2	0	0	0	0	0	0	0	48
Sales Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Administrative Support Workers	0	0	5	0	0	0	0	0	4	0	0	0	0	0	9
Craft Workers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	2	0	58	1	0	0	2	0	4	0	0	0	0	0	67
PRIOR 2023 REPORTING YEAR TOTAL	1	0	52	1	0	0	0	0	4	0	0	0	0	0	58
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842				EMPLOYER NAME ARMSTRONG HOLDINGS INC											
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID FN48761				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Armstrong Utilities Inc.											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 123 Industrial Drive						CITY/TOWN GROVE CITY				STATE PA		ZIP CODE 16127			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251092834															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 517111 - Wired Telecommunications Carriers															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	13	0	0	0	0	0	0	0	0	0	0	0	13
Sales Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Administrative Support Workers	0	0	2	0	0	0	0	0	3	0	0	0	0	0	5
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	17	0	0	0	0	0	5	0	0	0	0	0	22
PRIOR 2023 REPORTING YEAR TOTAL	0	0	19	0	0	0	0	0	4	0	0	0	0	0	23
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842			EMPLOYER NAME ARMSTRONG HOLDINGS INC												
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID GM72532			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Guardian Protection Services Inc.												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 400 Delaware Avenue						CITY/TOWN MILLSBORO				STATE DE		ZIP CODE 19966			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251666844															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 561621 - Security Systems Services (except Locksmiths)															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	7	1	0	0	0	0	0	0	0	0	0	0	8
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	10	1	0	0	0	0	1	0	0	0	0	0	12
PRIOR 2023 REPORTING YEAR TOTAL	1	0	10	1	0	0	0	0	1	0	0	0	0	0	13
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842			EMPLOYER NAME ARMSTRONG HOLDINGS INC												
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID GM72595			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Guardian Protection Services Inc.												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 100 Dominion Drive						CITY/TOWN MORRISVILLE				STATE NC		ZIP CODE 27560			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251666844															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 561621 - Security Systems Services (except Locksmiths)															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	2	0	4	3	0	0	0	0	0	0	0	0	0	0	9
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	2	0	7	3	0	0	0	0	1	0	0	0	0	0	13
PRIOR 2023 REPORTING YEAR TOTAL	2	1	7	5	0	0	0	0	1	0	0	0	0	0	16
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842				EMPLOYER NAME ARMSTRONG HOLDINGS INC											
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID HY33921				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Armstrong HVAC-Pennsylvania Inc.											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1019 Evans City Road						CITY/TOWN RENFREW				STATE PA		ZIP CODE 16053			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 823022077															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 238220 - Plumbing, Heating, and Air-Conditioning Contractors															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
First/Mid-Level Officials and Managers	0	0	0	0	0	1	0	0	2	0	0	0	0	0	3
Professionals	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Technicians	0	0	8	0	0	0	0	0	0	0	0	0	0	0	8
Sales Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Administrative Support Workers	0	0	4	0	0	0	0	0	5	0	0	0	0	0	9
Craft Workers	0	0	32	0	0	0	0	1	0	0	0	0	0	0	33
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	51	0	0	1	0	1	7	0	0	0	0	0	60
PRIOR 2023 REPORTING YEAR TOTAL	0	0	52	0	0	1	0	3	9	0	0	0	0	0	65
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842			EMPLOYER NAME ARMSTRONG HOLDINGS INC												
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID JZ04386			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME 4Front Solutions LLC												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 3045 Tech Park Way						CITY/TOWN DELAND				STATE FL		ZIP CODE 32724			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 454273688															
SECTION E – EMPLOYER FILING ELIGIBILITY <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 334418 - Printed Circuit Assembly (Electronic Assembly) Manufacturing															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
First/Mid-Level Officials and Managers	1	0	7	0	0	0	0	0	2	0	0	0	0	0	10
Professionals	1	1	2	1	0	0	0	0	4	0	0	0	0	0	9
Technicians	1	0	4	0	0	0	0	0	0	0	0	0	0	1	6
Sales Workers	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4
Administrative Support Workers	2	0	4	1	1	0	0	0	4	0	0	0	0	0	12
Craft Workers	1	0	1	1	1	0	0	0	1	0	0	0	0	0	5
Operatives	6	24	7	0	3	0	0	0	8	6	2	0	0	0	56
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2024 REPORTING YEAR TOTAL	13	25	30	3	5	0	0	0	21	6	2	0	0	1	106
PRIOR 2023 REPORTING YEAR TOTAL	8	16	27	2	3	0	0	0	19	7	1	0	0	0	83
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842				EMPLOYER NAME ARMSTRONG HOLDINGS INC											
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID JZ04397				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Armstrong HVAC-Pennsylvania Inc.											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 503 South Water Street						CITY/TOWN KITANNING				STATE PA		ZIP CODE 16201			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 823022077															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 238220 - Plumbing, Heating, and Air-Conditioning Contractors															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
PRIOR 2023 REPORTING YEAR TOTAL	0	0	10	0	0	0	0	0	0	0	0	0	0	0	10
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842			EMPLOYER NAME ARMSTRONG HOLDINGS INC												
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID KJ66791			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Guardian Protection Services Inc.												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 835 Sussex Blvd. Satellite 4						CITY/TOWN BROOMALL				STATE PA		ZIP CODE 19008			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251666844															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 561621 - Security Systems Services (except Locksmiths)															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	1	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	3	0	5	2	0	0	0	0	2	0	0	0	0	0	12
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	3	0	10	3	0	0	0	0	3	0	0	0	0	0	19
PRIOR 2023 REPORTING YEAR TOTAL	3	0	11	4	0	0	0	0	3	0	0	0	0	0	21
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842			EMPLOYER NAME ARMSTRONG HOLDINGS INC												
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID KJ66800			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Guardian Protection Services Inc.												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 2557 Route 130						CITY/TOWN CRANBURY				STATE NJ		ZIP CODE 08512			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251666844															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 561621 - Security Systems Services (except Locksmiths)															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	1	0	0	0	0	1	0	0	0	0	0	2
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	5	6	0	0	0	0	0	0	0	0	0	0	11
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	6	7	0	0	0	0	2	0	0	0	0	0	15
PRIOR 2023 REPORTING YEAR TOTAL	0	0	6	8	0	0	0	0	2	0	0	0	0	0	16
SECTION I – WORKFORCE SNAPSHOT PERIOD 10/13/2024 - 10/26/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842				EMPLOYER NAME ARMSTRONG HOLDINGS INC											
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID KJ66818				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Guardian Protection Services Inc.											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 7710 First Place						CITY/TOWN BEDFORD				STATE OH		ZIP CODE 44146			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251666844															
SECTION E – EMPLOYER FILING ELIGIBILITY <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 561621 - Security Systems Services (except Locksmiths)															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	5	1	0	0	0	0	0	0	0	0	0	0	6
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	1	0	7	1	0	0	0	0	0	0	0	0	0	0	9
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	1	0	14	2	0	0	0	0	0	0	0	0	0	0	17
PRIOR 2023 REPORTING YEAR TOTAL	1	0	17	0	0	0	0	0	0	0	0	0	0	0	18
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842			EMPLOYER NAME ARMSTRONG HOLDINGS INC												
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID KJ66827			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Guardian Protection Services Inc.												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 9125 Guilford Road						CITY/TOWN COLUMBIA				STATE MD		ZIP CODE 21046			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251666844															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 561621 - Security Systems Services (except Locksmiths)															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	8	4	0	0	0	0	1	0	0	0	0	0	13
Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Craft Workers	5	0	17	9	0	0	0	0	0	0	0	0	0	1	32
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	5	0	30	14	0	0	0	0	3	0	0	0	0	1	53
PRIOR 2023 REPORTING YEAR TOTAL	1	0	8	10	0	0	0	0	1	1	0	0	0	0	21
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842				EMPLOYER NAME ARMSTRONG HOLDINGS INC											
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID MR92314				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Guardian Protection Services Inc.											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 4423 Professional Parkway						CITY/TOWN GROVEPORT				STATE OH		ZIP CODE 43125			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251666844															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 561621 - Security Systems Services (except Locksmiths)															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	3	1	0	0	0	0	0	0	0	0	0	0	4
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	4	1	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2023 REPORTING YEAR TOTAL	0	0	4	1	0	0	0	0	0	0	0	0	0	0	5
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842				EMPLOYER NAME ARMSTRONG HOLDINGS INC											
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID MT22131				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Armstrong HVAC-Pennsylvania Inc.											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 4693 Peoples Rd						CITY/TOWN PITTSBURGH				STATE PA		ZIP CODE 15237			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 823022077															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 238220 - Plumbing, Heating, and Air-Conditioning Contractors															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	15	0	0	0	0	0	0	0	0	0	0	0	15
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Craft Workers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Operatives	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Laborers and Helpers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	26	0	0	0	0	0	1	0	0	0	0	0	27
PRIOR 2023 REPORTING YEAR TOTAL	0	0	28	0	0	0	0	1	1	0	0	0	0	0	30
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842			EMPLOYER NAME ARMSTRONG HOLDINGS INC												
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID PM17531			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Ziegenfelder - Denver												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 400 Yuma Street						CITY/TOWN DENVER				STATE CO		ZIP CODE 80204			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 550317850															
SECTION E – EMPLOYER FILING ELIGIBILITY <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 311520 - Ice Cream and Frozen Dessert Manufacturing															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	3	0	3	0	0	0	0	0	0	0	0	0	0	0	6
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	4	2	3	0	1	0	0	0	0	0	0	0	0	0	10
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	1	0	1	0	0	0	0	0	0	0	0	0	0	2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	23	25	5	8	9	0	1	5	1	8	4	0	0	0	89
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
CURRENT 2024 REPORTING YEAR TOTAL	30	28	12	9	10	0	1	5	2	8	4	0	0	0	109
PRIOR 2023 REPORTING YEAR TOTAL	23	20	21	12	10	0	0	1	3	8	5	0	2	0	105
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842			EMPLOYER NAME ARMSTRONG HOLDINGS INC												
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID PM17542			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Ziegenfelder- Chino												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 12290 Colony Ave						CITY/TOWN CHINO				STATE CA		ZIP CODE 91710			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 550317850															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 311520 - Ice Cream and Frozen Dessert Manufacturing															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	2	0	1	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	4	1	0	0	0	0	0	1	0	0	0	0	0	1	7
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	2	1	0	1	0	0	0	0	0	0	0	0	0	0	4
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	15	19	2	5	0	0	1	0	0	5	0	0	0	0	47
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
CURRENT 2024 REPORTING YEAR TOTAL	23	22	3	6	0	0	1	1	0	5	0	0	0	1	62
PRIOR 2023 REPORTING YEAR TOTAL	24	18	4	3	0	0	1	1	0	5	0	0	0	1	57
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842			EMPLOYER NAME ARMSTRONG HOLDINGS INC												
ADDRESS 1 ARMSTRONG PLACE					CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001				
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID PM17553			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Ziegenfelder- Wheeling												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 87 18th Street					CITY/TOWN WHEELING				STATE WV		ZIP CODE 26003				
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 550317850															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 311520 - Ice Cream and Frozen Dessert Manufacturing															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
First/Mid-Level Officials and Managers	0	0	14	0	0	0	0	0	4	0	0	0	0	0	18
Professionals	0	0	3	0	0	0	0	0	6	0	0	0	0	0	9
Technicians	0	0	16	1	0	0	0	0	5	0	0	0	0	0	22
Sales Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Administrative Support Workers	0	0	1	0	0	0	0	0	7	0	0	0	0	0	8
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	6	2	109	21	0	0	6	4	49	2	0	0	1	3	203
Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	6	3	0	0	0	0	0	0	0	0	0	0	9
CURRENT 2024 REPORTING YEAR TOTAL	6	2	152	25	0	0	6	4	73	2	0	0	1	3	274
PRIOR 2023 REPORTING YEAR TOTAL	6	3	150	28	0	0	4	7	72	6	0	0	1	2	279
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842				EMPLOYER NAME ARMSTRONG HOLDINGS INC											
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID QU83314				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Guardian Protection Services Inc.											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 8014 Flannery Ct						CITY/TOWN MANASSAS				STATE VA		ZIP CODE 20109			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251666844															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 561621 - Security Systems Services (except Locksmiths)															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	1	2	0	0	0	0	0	0	0	0	0	0	0	3
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	3	0	4	5	0	0	0	1	0	0	0	0	0	0	13
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	3	1	6	5	0	0	0	1	1	0	0	0	0	0	17
PRIOR 2023 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) acquisition															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842				EMPLOYER NAME ARMSTRONG HOLDINGS INC											
ADDRESS 1 ARMSTRONG PLACE								CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001	
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID QU83323				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Guardian Protection Services Inc.											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 2196 Solomon's Island Rd 1								CITY/TOWN PRINCE FREDERICK				STATE MD		ZIP CODE 20678	
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251666844															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 561621 - Security Systems Services (except Locksmiths)															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	1	0	2	2	0	0	0	0	0	0	0	0	0	0	5
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	1	0	4	2	0	0	0	0	0	0	0	0	0	0	7
PRIOR 2023 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SECTION I – WORKFORCE SNAPSHOT PERIOD 10/13/2024 - 10/26/2024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) acquisition															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842				EMPLOYER NAME ARMSTRONG HOLDINGS INC											
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID QU83332				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Ziegenfelder -Lockhart											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 2707 Dewitt Street						CITY/TOWN LOCKHART				STATE TX		ZIP CODE 78644			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 550317850															
SECTION E – EMPLOYER FILING ELIGIBILITY <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 311520 - Ice Cream and Frozen Dessert Manufacturing															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	1	0	0	1	0	0	0	0	0	0	0	0	0	0	2
PRIOR 2023 REPORTING YEAR TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) new location															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842			EMPLOYER NAME ARMSTRONG HOLDINGS INC												
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID T508391			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME 4Front Solutions LLC												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 8140 Hawthorne Drive						CITY/TOWN ERIE				STATE PA		ZIP CODE 16509			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 454273688															
SECTION E – EMPLOYER FILING ELIGIBILITY <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 334418 - Printed Circuit Assembly (Electronic Assembly) Manufacturing															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	7	0	0	0	0	0	3	0	0	0	0	0	11
Professionals	1	1	8	1	0	0	0	0	1	0	0	0	1	0	13
Technicians	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Sales Workers	0	0	4	0	0	0	0	1	2	0	0	0	0	0	7
Administrative Support Workers	0	0	10	0	1	0	0	0	3	0	0	0	0	0	14
Craft Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Operatives	2	3	28	4	18	0	0	0	30	1	11	0	0	1	98
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	4	4	62	5	19	0	0	1	39	1	11	0	1	1	148
PRIOR 2023 REPORTING YEAR TOTAL	5	3	61	7	14	0	0	2	39	0	8	0	1	1	141
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842			EMPLOYER NAME ARMSTRONG HOLDINGS INC												
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID T548801			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Guardian Protection Services Inc.												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 174 Thorn Hill Road						CITY/TOWN WARRENDALE				STATE PA		ZIP CODE 15086			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251666844															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 561621 - Security Systems Services (except Locksmiths)															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	5	0	0	0	0	0	1	0	0	0	0	0	6
First/Mid-Level Officials and Managers	0	0	25	0	0	0	0	0	18	0	0	0	0	0	43
Professionals	0	0	8	0	0	0	0	0	1	5	0	0	0	0	14
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	18	0	1	0	0	0	4	0	0	0	0	0	23
Administrative Support Workers	4	3	114	2	0	0	1	2	141	1	0	0	0	2	270
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	4	3	173	2	1	0	1	3	169	1	0	0	0	2	359
PRIOR 2023 REPORTING YEAR TOTAL	5	4	188	1	1	0	1	4	172	2	1	0	0	2	381
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842			EMPLOYER NAME ARMSTRONG HOLDINGS INC												
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID W233955			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Armstrong Utilities Inc.-Rising Sun												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 122 South Queen Street						CITY/TOWN RISING SUN				STATE MD		ZIP CODE 21911			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 520748097															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 517111 - Wired Telecommunications Carriers															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	1	0	19	1	0	0	0	1	0	0	0	0	0	0	22
Sales Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Administrative Support Workers	0	0	4	0	0	0	0	0	6	0	0	0	0	0	10
Craft Workers	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
Operatives	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	1	0	31	1	0	0	0	1	8	0	0	0	0	0	42
PRIOR 2023 REPORTING YEAR TOTAL	1	0	32	0	0	0	0	1	8	0	0	0	0	0	42
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842			EMPLOYER NAME ARMSTRONG HOLDINGS INC												
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID W233964			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Armstrong Telephone Company NY												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 136 E Front Street						CITY/TOWN ADDISON				STATE NY		ZIP CODE 14801			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 160325780															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 517111 - Wired Telecommunications Carriers															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	7	0	0	0	0	1	1	0	0	0	0	0	9
Sales Workers	0	0	2	0	0	0	0	0	4	0	0	0	0	0	6
Administrative Support Workers	0	0	2	0	0	0	0	0	4	0	0	0	0	0	6
Craft Workers	1	0	4	0	0	0	0	0	0	0	0	0	0	0	5
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	1	0	17	0	0	0	0	1	10	0	0	0	0	0	29
PRIOR 2023 REPORTING YEAR TOTAL	1	0	16	0	0	0	0	1	5	0	0	0	0	0	23
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842				EMPLOYER NAME ARMSTRONG HOLDINGS INC											
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID W233973				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Armstrong Telephone Company PA											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1755 Route 30						CITY/TOWN CLINTON				STATE PA		ZIP CODE 15026			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 250681268															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 517111 - Wired Telecommunications Carriers															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	1	0	0	0	0	0	5
PRIOR 2023 REPORTING YEAR TOTAL	0	0	4	0	0	0	0	0	1	0	0	0	0	0	5
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842			EMPLOYER NAME ARMSTRONG HOLDINGS INC												
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID W233982			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Armstrong Telephone Company WV												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 311 Main Street						CITY/TOWN HAMLIN				STATE WV		ZIP CODE 25523			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 550453324															
SECTION E – EMPLOYER FILING ELIGIBILITY <input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): Not Applicable <input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor) <input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 517111 - Wired Telecommunications Carriers															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	7	0	0	0	0	0	0	0	0	0	0	0	7
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	4	0	0	0	0	0	4
Craft Workers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	12	0	0	0	0	0	4	0	0	0	0	0	16
PRIOR 2023 REPORTING YEAR TOTAL	0	0	12	0	0	0	0	0	4	0	0	0	0	0	16
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842			EMPLOYER NAME ARMSTRONG HOLDINGS INC												
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID W233991			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Armstrong Telephone Company ND												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 600 East North Street						CITY/TOWN HARRISVILLE				STATE WV		ZIP CODE 26362			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 550123270															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 517111 - Wired Telecommunications Carriers															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	7	0	0	1	0	0	0	0	0	0	0	0	8
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	4	0	0	0	0	0	4
Craft Workers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	14	0	0	1	0	0	4	0	0	0	0	0	19
PRIOR 2023 REPORTING YEAR TOTAL	0	0	12	0	0	1	0	1	4	0	0	0	0	0	18
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842				EMPLOYER NAME ARMSTRONG HOLDINGS INC											
ADDRESS 1 ARMSTRONG PLACE								CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001	
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID W234011				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Armstrong Utilities Inc.											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 660 S Benbrook Road								CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001	
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251092834															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 517111 - Wired Telecommunications Carriers															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	28	0	0	0	0	0	0	0	0	0	0	0	28
Sales Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Administrative Support Workers	0	0	5	0	0	0	0	0	4	0	0	0	0	1	10
Craft Workers	0	0	50	0	0	0	0	1	1	0	0	0	0	0	52
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	85	0	0	0	0	1	6	0	0	0	0	1	93
PRIOR 2023 REPORTING YEAR TOTAL	1	0	82	0	0	0	0	0	6	0	0	0	0	0	89
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842			EMPLOYER NAME ARMSTRONG HOLDINGS INC												
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID W234022			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Armstrong Utilities Inc.												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1215 Claremont Ave						CITY/TOWN ASHLAND				STATE OH		ZIP CODE 44805			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251092834															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 517111 - Wired Telecommunications Carriers															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	1	0	17	0	0	0	0	0	0	0	0	0	0	0	18
Sales Workers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Administrative Support Workers	0	0	3	0	0	0	0	0	2	0	0	0	0	0	5
Craft Workers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	1	0	28	0	0	0	0	0	3	0	0	0	0	0	32
PRIOR 2023 REPORTING YEAR TOTAL	1	0	28	0	0	0	0	0	2	0	0	0	0	0	31
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842				EMPLOYER NAME ARMSTRONG HOLDINGS INC											
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID W234033				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Armstrong Utilities Inc.											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 9651 County Road 1						CITY/TOWN SOUTH POINT				STATE OH		ZIP CODE 45680			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251092834															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 517111 - Wired Telecommunications Carriers															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	15	0	0	0	0	1	0	0	0	0	0	0	16
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	0	6	0	0	0	0	0	2	0	0	0	0	0	8
Craft Workers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	28	0	0	0	0	1	2	0	0	0	0	0	31
PRIOR 2023 REPORTING YEAR TOTAL	0	0	28	0	0	0	0	1	2	0	0	0	0	0	31
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842				EMPLOYER NAME ARMSTRONG HOLDINGS INC											
ADDRESS 1 ARMSTRONG PLACE								CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001	
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID W234055				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Armstrong Utilities Inc.											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1141 West Lafayette Road								CITY/TOWN MEDINA				STATE OH		ZIP CODE 44256	
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251092834															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 517111 - Wired Telecommunications Carriers															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	19	0	0	0	0	0	0	0	0	0	0	0	19
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	5	0	0	0	0	0	2	0	0	0	0	0	7
Craft Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	30	0	0	0	0	0	2	0	0	0	0	0	32
PRIOR 2023 REPORTING YEAR TOTAL	0	0	31	0	0	0	0	0	2	0	0	0	0	0	33
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842			EMPLOYER NAME ARMSTRONG HOLDINGS INC												
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID W234066			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Armstrong Utilities Inc.												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 1200 North Water Street Ext.						CITY/TOWN KITANNING				STATE PA		ZIP CODE 16201			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251092834															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 517111 - Wired Telecommunications Carriers															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
PRIOR 2023 REPORTING YEAR TOTAL	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842				EMPLOYER NAME ARMSTRONG HOLDINGS INC											
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID W234077				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Armstrong Utilities Inc.											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 214 S. McKean Street						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251092834															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 517111 - Wired Telecommunications Carriers															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
PRIOR 2023 REPORTING YEAR TOTAL	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842				EMPLOYER NAME ARMSTRONG HOLDINGS INC											
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID W234088				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Armstrong Utilities Inc.											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 701 N. Pittsburgh Street						CITY/TOWN CONNELLSVILLE				STATE PA		ZIP CODE 15425			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251092834															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 517111 - Wired Telecommunications Carriers															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male						Female						
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	18	0	0	0	0	0	0	0	0	0	0	0	18
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	4	0	0	0	0	0	4	0	0	0	0	0	8
Craft Workers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Operatives	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	29	0	0	0	0	0	4	0	0	0	0	0	33
PRIOR 2023 REPORTING YEAR TOTAL	0	0	31	0	0	0	0	0	4	0	0	0	0	0	35
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) new address															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842				EMPLOYER NAME ARMSTRONG HOLDINGS INC											
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID W234090				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Armstrong Utilities Inc.											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 160 Westview Drive						CITY/TOWN MEADVILLE				STATE PA		ZIP CODE 16335			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251092834															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 517111 - Wired Telecommunications Carriers															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	27	0	0	0	0	0	0	0	0	0	0	0	27
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	2	0	0	0	0	0	5	0	0	0	0	0	7
Craft Workers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	36	0	0	0	0	0	5	0	0	0	0	0	41
PRIOR 2023 REPORTING YEAR TOTAL	0	0	40	0	0	0	0	0	4	0	0	0	0	0	44
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842				EMPLOYER NAME ARMSTRONG HOLDINGS INC											
ADDRESS 1 ARMSTRONG PLACE								CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001	
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID W234110				HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Guardian Protection Services Inc.											
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 9852 Windisch Drive								CITY/TOWN WEST CHESTER				STATE OH		ZIP CODE 45069	
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251666844															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 561621 - Security Systems Services (except Locksmiths)															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Craft Workers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	10	0	0	0	0	0	0	1	0	0	0	0	11
PRIOR 2023 REPORTING YEAR TOTAL	0	0	11	0	0	0	0	0	0	1	0	0	0	0	12
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026					
SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT															
SECTION B – EMPLOYER IDENTIFICATION															
OFS COMPANY ID L323842			EMPLOYER NAME ARMSTRONG HOLDINGS INC												
ADDRESS 1 ARMSTRONG PLACE						CITY/TOWN BUTLER				STATE PA		ZIP CODE 16001			
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)															
HQ/ESTABLISHMENT-LEVEL UNIT ID W234132			HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME Guardian Protection Services Inc.												
HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS 4013 Vincennes Road						CITY/TOWN INDIANAPOLIS				STATE IN		ZIP CODE 46268			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 251666844															
SECTION E – EMPLOYER FILING ELIGIBILITY															
<input checked="" type="checkbox"/> YES (Employer Is Eligible to File) <input type="checkbox"/> NO (Employer Is Not Eligible to File) <input type="checkbox"/> EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)															
Unique Entity ID (UEI): Not Applicable															
<input type="checkbox"/> YES (Single-Establishment Employer is Federal Contractor) <input type="checkbox"/> YES (Multi-Establishment Employer is Federal Contractor)															
<input type="checkbox"/> YES (Headquarters is Federal Contractor) <input type="checkbox"/> YES (Non-Headquarters Establishment is Federal Contractor)															
<input type="checkbox"/> YES (One or More Non-Headquarters Establishments is Federal Contractor)															
SECTION G – NAICS INFORMATION 561621 - Security Systems Services (except Locksmiths)															
SECTION H – WORKFORCE DEMOGRAPHIC DATA															
JOB CATEGORIES	Race/Ethnicity														Row Total
	Hispanic or Latino		Not Hispanic or Latino												
			Male							Female					
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	2	0	0	0	0	0	0	0	0	0	0	0	3
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	2	1	0	0	0	0	1	0	0	0	0	0	4
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	4	1	0	0	0	0	0	0	0	0	0	0	5
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	1	0	8	2	0	0	0	0	1	0	0	0	0	0	12
PRIOR 2023 REPORTING YEAR TOTAL	1	0	9	3	0	0	0	0	2	0	0	0	0	0	15
SECTION I – WORKFORCE SNAPSHOT PERIOD 10132024 - 10262024															
SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional) not applicable															