U.S. EQUAL EMPLO 2022 EMPLOYER IN												OMB C		08/2023 mber: 30							
				FION A																	
		SECT	<b>FION E</b>	B – EMI	PLOYE	R IDEN	TIFIC	ATION													
OFS COMPANY ID								LOYER N													
EN05983							CH	EGG I	١C												
ADDRESS							С	ITY/TOV	WN			STATE ZIP CODE									
3990 FREEDOM	I CIRCI	LE					SA	NTA CL	ARA			CA 95054									
SECTION C – H	EADQU	JARTE	RS OR	ESTAI																	
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADÇ	UARTE	RS OR E	STABLI	SHMEN	Γ-LEVEL	NAME										
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	VEL ADI	DRESS				С	ITY/TOV	WN			STATE ZIP CODE									
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 203237489																					
SECTION E – EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS																					
				L CON																	
				ntity ID (																	
<b>YES</b> (Single-Establishm	ent Emp	ployer is	Federa	ıl Contra	ctor) 🔀	YES (I	Multi-E	stablishr	nent Em	ployer is	Federa	l Contra	ctor)								
X YES (F	Headqua	rters is	Federal	Contrac	ctor) 🗖	YES (N	Jon-Hea	dauartei	s Establ	ishment	is Fede	ral Contr	actor)								
	1							-		s Federa			,								
		S	ECTIO	DN G – 2 D - Educ	NAICS	INFOR	MATIO	ON		is redera	ii Collu	actor)									
	SE	ECTIO	NH - V	VORKE	FORCE	DEMO	GRAP	HIC DA	ТА												
								Ethnicit													
		banic					Not	Hispar	nic or L	atino.	_				_						
	or L	or Latino Male Female																			
				an		n or Inder	n or e	seo		an		n or Inder	n or e	seo							
JOB CATEGORIES	e	ale	te	Black or African American	u	vaiia c Isla	nerican Indian Alaska Native	re Ra	te	Black or African American	g	vaiia c Isla	nerican Indian Alaska Native	ZIP COI 9505	Row Total						
	Male	Female	White	ck or Afric American	Asian	e Hav Pacifi	ican Iska	r Mo	White	Black or an Amer	Asian	e Hav Pacifi	ican Iska	r Mo							
				Blac		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Afric		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Twoo							
															10						
Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers	0 8	0 4	4 56	1	0 44	0	0	0	3 55	0 9	2 44	0	0	-	10 228						
Professionals	19	25	117	14	80	1	0	5	101	19	103	2	0	8	494						
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0		0						
Administrative Support Workers	4	13	16	1	7	0	0	1	15	4	3	0	0		67						
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0		0						
Operatives Laborers and Helpers	0	2	0	0	0	0	0	0	0	0	0	0	0		2						
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0		0						
CURRENT 2022 REPORTING YEAR TOTAL	33	44	196	19	131	1	0	6	177	34	152	2	0	16	811						
PRIOR 2021 REPORTING YEAR TOTAL	28	30	191	17	129		0 SUOT	3 DEDIO	151	27	148	3	1	13	742						
	i	SECIE	UNI-	WORK 12/16/2	2022 - 1			PERIO	D												
SECTION J Not Applicable	– HEA	DQUA	RTERS	S OR ES	STABLI	SHME	NT-LE	VEL CO	OMME	NTS (op	tional)										

U.S. EQUA 2022 EMF	R OMB Con	EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024										
	SECTION K – OFFICIAL CEI	RTIFICATION OF SUBMISSION	N									
	EMPLOYER I	DENTIFICATION										
OFS COMPANY ID EMPLOYER NAME   EN05983 CHEGG INC												
	ADDRESS	CITY/TOWN	STATE	ZIP CODE								
3990 FF	REEDOM CIRCLE	SANTA CLARA	CA	95054								
	CERTIFICATION	COMMENTS (optional)										
No Certification Comments Pr	rovided											
No Certification Comments Fi	Uvided											
	CERTIFICATI	ON STATEMENT										
"I cartify that the information	, including any workforce demographic d		et and true to the be	est of my knowled								
	prepared in conformity with the directions											
Knowingly and	d willfully false statements on this repor	t are punishable by law, US Code	, Title 18, Section	1001.								
	DATE OF CI	ERTIFICATION										
	11/0/0000 0	AC DM (COT)										
	11/9/2023 3	26 PM [EST]										
	EMPLOYER'S CEI	RTIFYING OFFICIAL										
Name of Em	ployer's Certifying Official		Certifying Official									
	f)											
Ja	nom Coleman	HR Prog	ram Manager									
		-	-									
Email Add	dress of Certifying Official	Telephone Num	ber of Certifying Official	1								
jacolei	man@chegg.com	408-	669-0694									
	PRIMARY POINT OF CONTACT (POC)	FOR EEO-1 COMPONENT 1 REPO	RTING									
Nar	me of Primary POC		ployer of Primary POC									
Ja	nom Coleman	-	ram Manager									
		0	Chegg									
Email 4	Address of Primary POC		umber of Primary POC									
	indices of Filling 100	relephone in	anneer of Finnary FOC									
iacole	man@chegg.com	408-	669-0694									
10.00101		100										

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)												EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024				
						E OF RI RS REF					1					
		SECT				R IDEN		ATION								
OFS COMPANY ID		blei			LUIL			.OYER N	IAME							
EN05983							CH	EGG IN	VC							
ADDRESS							С	ITY/TOW	WN			STATE		ZIP CO	DDE	
3990 FREEDOM		E					SAN	NTA CL	ARA			CA		950	54	
SECTION C – HI	EADOU	ARTE	RS OR	ESTAF	BLISHN	MENT-I	EVEL	IDENT	TFICA	TION (it	fapplica	able)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD	UARTE	RS OR E	STABLIS	SHMEN	Γ-LEVEL	NAME	,				
EN05983							CH	EGG IN	VC							
HEADQUARTERS OR ESTABLISHME	ENT-LEV	/EL ADI	ORESS				С	ITY/TOW	WN			STATE		ZIP CO	DDE	
3990 FREEDOM		E					SAN	NTA CL	ARA			CA		950	54	
	SECTI	ON D -	- EMP		IDEN'	TIFICA 489	TION N	NUMBE	ER (EIN	)						
	S	SECTI	ON E -	EMPL	OYER	FILING	ELIG	IBILIT	Y							
<b>X YES</b> (Employer Is Eligible	to File)		(Empl	oyer Is N	Not Elig	ible to F	ile) 🗌	EMPL	OYER	NO LON	NGER	IN BUS	INESS			
SEC	CTION					OR DE			if applic	able)						
			-		·	DQZ3W										
<b>YES</b> (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor) 🔀	<b>YES</b> (1	Multi-Es	stablishn	nent Em	ployer is	Federa	l Contra	ctor)			
X YES (H	leadqua	rters is	Federal	Contrac	tor)	YES (N	lon-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)			
_ `						n-Headqu							,			
						INFOR			intents i	s reuera	I Collua	actor)				
611710 - Educational Support Services SECTION H – WORKFORCE DEMOGRAPHIC DATA																
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		anic					Not	Hispar	nic or L	atino.						
	Of La	atino			IV	lale					Fer	nale				
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				an		and	la c	ace		can		and	/e o	ace	Row	
JOB CATEGORIES	~	e	e	lfrid San	<u>ح</u>	aiia	ativ	e R	a	or ìeri	L	aiia	ndia	еR	Total	
	Male	Female	White	or A eric	Asian	law	an Ir a N	Mor	White	Black or an Amer	Asian	lav	a h a N	Mor		
	~	Ę	5	Black or African American	◄	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	5	Black or African American	A	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		
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Executive/Senior Level Officials and Managers	0	0	4	-	0		0	0	2	0	2	0	0	0	9	
First/Mid-Level Officials and Managers	7	4	4 56	3	44	0	0	0	2 54	9	43	0	0	5	225	
Professionals	19	25	117	14	79	1	0	5	97	18	99	2	0	8	484	
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0 10	
Administrative Support Workers	3	11	16	1	6	0	0	0	14	4	2	0	0	2	59	
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Operatives Laborers and Helpers	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2022 REPORTING YEAR TOTAL	31	42	196	19	129	1	0	5	170	33	146	2	0	15	789	
PRIOR 2021 REPORTING YEAR TOTAL	19	22	142	14	112	1	0	2	124	27	130	2	1	8	604	
	5	SECTION	ON I –			E SNAP 12/31/20		PERIO	D							
SECTION J	- HEAI	DOUAI	RTERS					VEL CO	OMME	NTS (op	tional)					
No Comments Provided		C								× 1	,					

U.S. EQUAL EMPLO	YMEN	T OPI	PORT	UNITY	COM	IMISSI	ION (E	EOC)				EEOC S	tandard F Revised		(SF 100)						
													OMB Control Number: 3046-0049 Expiration Date: 08/31/2024								
				F <mark>ION A</mark> STABLI							•										
		SECT	TION E	B – EMP	LOYE	R IDEN															
OFS COMPANY ID EN05983								LOYER N													
ADDRESS							С	ITY/TOW	VN			STATE		ZIP CC	DE						
3990 FREEDOM		E					SAN	NTA CL	ARA			CA 95054									
SECTION C – HI HO/ESTABLISHMENT-LEVEL UNIT ID	EADQU	ARTE	RS OR							<b>ΓΙΟΝ</b> (i Γ-LEVEL		able)									
GM98730					HEADQ			ASY SC			NAME										
HEADQUARTERS OR ESTABLISHME														DE							
10 E 39TH		NEW YORK NY 1001																			
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 203237489																					
X YES (Employer Is Eligible				EMPL	OYER	FILING					NCED		INIESS								
				L CONT							IGEN	IN DUS	INESS								
				tity ID (					ii uppiie												
<b>YES</b> (Single-Establishm	ent Emp	oloyer is	Federa	l Contra	ctor) X	YES (	Multi-Es	stablishn	nent Em	ployer is	Federa	l Contra	ctor)								
X YES (H	Ieadqua	rters is l	Federal	Contrac	tor) X	YES (N	lon-Hea	dquarter	s Establ	ishment	is Feder	ral Contr	actor)								
		X Y	ES (Or	ne or Mo	ore Nor	-Headqu	uarters I	Establish	ments i	s Federa	l Contra	actor)									
				<b>DN G -</b> I																	
	SE			) - Educ VORKF					ТА												
							Race/E	thnicit	у												
		anic					Not	Hispan	ic or L	atino.	<b>F</b> ax										
	Or La	atino			IV	lale					Fer	nale									
				-		or der	ŗ	es		L		or der	P	es							
JOB CATEGORIES				n n		ian slan	ian tive	Rac		rica		ian slan	ian tive	Rac	Row						
	Male	Female	White	Afr	Asian	iwai fic Is	Ind Nat	ore	White	k o	Asian	iwai fic Is	Ind Nat	ore	Total						
	Ĕ	Fen	₹ N	ck or Afric American	As	e Ha acit	nerican Indian Alaska Native	Ň	۲×	Black or an Amer	As	e Ha aci	nerican Indian Alaska Native	ž							
				Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races							
						g z	A	Ě		◄		gt g	Ar	Ě							
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1						
First/Mid-Level Officials and Managers	1	0	0	0	0	0	0	0	0	0	1	0	0	0	2						
Professionals	0	0	0	0	1	0	0	0	4	1	4	0	0	0	10 0						
Technicians Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
Administrative Support Workers	1	1	0	0	1	0	0	0	0	0	0	0	0	0	3						
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0						
Operatives 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 2022 REPORTING YEAR TOTAL	2	1	0	0	2	0	0	0	5	1	5	0	0	0	16						
PRIOR 2021 REPORTING YEAR TOTAL	4	2	16	0	5	0	0	0	9	0	5	0	0	0	41						
	5	SECTIO		WORK 12/16/2				PERIO	D												
SECTION J	– HEA	DQUAI	RTERS	S OR ES	TABL	ISHME	NT-LE	VEL CO	OMME	NTS (op	tional)										
No Comments Provided																					

U.S. EQUAL EMPLO 2022 EMPLOYER IN												OMB C	tandard F Revised ontrol Nu ration Dat	08/2023 mber: 30						
				TION A STABLI																
		SECT	<b>FION I</b>	B – EMF	PLOYE	R IDEN	TIFIC	ATION												
OFS COMPANY ID EN05983					-		EMPI	LOYER N												
ADDRESS							С	ITY/TOW	VN			STATE ZIP CODE								
3990 FREEDOM								NTA CL				CA 95054								
SECTION C - HI	EADQU	JARTE	RS OR	ESTAR	BLISHN	MENT-I	LEVEL	<b>IDENT</b>	<b>IFICA</b>	TION (i	f applica	able)								
HQ/ESTABLISHMENT-LEVEL UNIT ID EN72906					HEAD	QUARTE		G ORE		Γ-LEVEL	NAME									
HEADQUARTERS OR ESTABLISHME								ITY/TOV				STATE ZIP CODE								
2020 SOUTHWEST 4TH A								ORTLA				OR		972	01					
					203237	489				D										
X YES (Employer Is Eligible				- EMPL							NGER	IN RUS	INESS							
				L CON							IGEN	IN DUS	INESS							
	211010			ntity ID (					n appix											
<b>YES</b> (Single-Establishm	ent Emp	oloyer is	Federa	ıl Contra	ctor) 🔀	YES (	Multi-E	stablishn	nent Em	ployer is	Federa	l Contra	ctor)							
X YES (H	Ieadqua	rters is	Federal	Contrac	ctor) X	YES (N	lon-Hea	dquarter	s Establ	ishment	is Feder	ral Contr	actor)							
		X Y	ES (O	ne or M	ore Nor	n-Headqu	uarters I	Establish	nments i	s Federa	l Contra	actor)								
				ON G – 1 ) - Educ																
	SE			VORKE					ТА											
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		oanic atino			M	lale	Not	Hispar	nic or L	atino.	For	nale			-					
	OFL				IV						rei	liale			-					
				_		or der	P	es		<u>ح</u>		or der	ŗ	es						
JOB CATEGORIES				Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Row					
	Male	Jale	White	. Afr	Asian	iwai fic la	Na	ore	White	k o Me	Asian	ivaj fic l	Na	ore	Total					
	Ř	Female	۲N N	ck or Afric American	Asi	e Ha acif	can ska	ž	۲×	Black or	Asi	e Ha acif	nerican Alaska	Ϋ́						
		-		A		tive er P	neri Ala:	Ō		frica		er P	Jeri Ala:	ŌO						
				B		Native Hawaiian or Other Pacific Islander	An	₹		Ā		Native Hawaiian or Other Pacific Islander	An	₹						
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 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	0	0	0	0	0	1	1	0	1	0	0	1	5					
Craft Workers 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 2022 REPORTING YEAR TOTAL	0	1	0	0	0	0	0	1	2	0	1	0	0	1	6					
PRIOR 2021 REPORTING YEAR TOTAL	3	4	17	3	2	0	0	1	11	0	1	1	0	3	46					
	5	SECTI	ON I –	WORK 12/16/2		E SNAP 12/31/20		PERIO	D											
SECTION J	– HEAJ	DQUA	RTER					VEL CO	OMME	NTS (op	tional)									
No Comments Provided		-																		
1																				