# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2013**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
FROZEN FOOD EXPRESS INDUSTRIES, INC. 401(K) SAVINGS PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 10/01/1987

**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

FROZEN FOOD EXPRESS INDUSTRIES, INC.

1145 EMPIRE CENTRAL PLACE
DALLAS, TX 75247

1145 EMPIRE CENTRAL PLACE
DALLAS, TX 75247

**2b** Employer Identification Number (EIN)
75-1301831

**2c** Sponsor's telephone number
214-630-8090

**2d** Business code (see instructions)
484200

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 07/15/2014 | DONNA MECOM |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)
LEONARD BARTHOLOMEW

Preparer's telephone number (optional)
214-630-8090

| | | |
|---|---|---|
| **3a** Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | **4b** EIN | |
| **a** Sponsor's name | **4c** PN | |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 1911 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 1758 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 71 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 1829 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | 1829 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 406 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 601 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2H 2J 2K 2O 2T

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | [ ] Insurance | **(1)** | [ ] Insurance |
| **(2)** | [ ] Code section 412(e)(3) insurance contracts | **(2)** | [ ] Code section 412(e)(3) insurance contracts |
| **(3)** | [X] Trust | **(3)** | [X] Trust |
| **(4)** | [ ] General assets of the sponsor | **(4)** | [ ] General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

**(1)** [X] **R** (Retirement Plan Information)

**(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

**(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

**(1)** [X] **H** (Financial Information)

**(2)** [ ] **I** (Financial Information – Small Plan)

**(3)** [ ] **A** (Insurance Information)

**(4)** [X] **C** (Service Provider Information)

**(5)** [X] **D** (DFE/Participating Plan Information)

**(6)** [ ] **G** (Financial Transaction Schedules)

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2013**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** Name of plan
FROZEN FOOD EXPRESS INDUSTRIES, INC. 401(K) SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
FROZEN FOOD EXPRESS INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
75-1301831

## Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PRINCIPAL LIFE INSURANCE COMPANY
710 9TH STREET
DES MOINES, ID 50392-0001

42-0127290

**(b)** Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

PRINCIPAL LIFE INSURANCE COMPANY

710 9TH STREET
DES MOINES, IA 50392-0001

42-0127290

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 13 37 50 64 | CONTRACT ADMINISTRATO | 10711 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes [ ] No [ ] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes [ ] No [ ] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(a)** Enter name and EIN or address (see instructions)

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| | | | Yes ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

## Part I Service Provider Information (continued)

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

## Part II Service Providers Who Fail or Refuse to Provide Information

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|---|---|---|
| | | |

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

| | | |
|---|---|---|
| **a** | Name: | **b** EIN: |
| **c** | Position: | |
| **d** | Address: | **e** Telephone: |

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

# DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** Name of plan
FROZEN FOOD EXPRESS INDUSTRIES, INC. 401(K) SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
FROZEN FOOD EXPRESS INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
75-1301831

## Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FFTW INCOME PLUS D FUND

**b** Name of sponsor of entity listed in (a): BNP PARIBAS INV PARTNERS TRUST CO

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 03-0373646-007 | C | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

## Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

| | |
|---|---|
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |
| **a** Plan name | |
| **b** Name of plan sponsor | **c** EIN-PN |

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** Name of plan
FROZEN FOOD EXPRESS INDUSTRIES, INC. 401(K) SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
FROZEN FOOD EXPRESS INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
75-1301831

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | 55463 | |
| **(3)** Other | 1b(3) | 62864 | 72205 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 1009842 | 824598 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 2041057 | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 8821358 | 12150035 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | -15297 | 9066 |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | 954378 | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 12929665 | 13055904 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | 2586877 | 3241222 |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 2586877 | 3241222 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 10342788 | 9814682 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | | |
| | **(B)** Participants | 2a(1)(B) | 810872 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 133757 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 944629 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 33401 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 33401 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 382128 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 382128 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 13160652 | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 15190419 | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | -2029767 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | 3984688 | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 3984688 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 559574 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 3874653 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 4392048 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 4392048 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 10711 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 10711 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 4402759 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | -528106 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

**(1)** Name: WATERS VOLLMERING & ASSOCIATES LLP **(2)** EIN: 75-2168901

**d** The opinion of an independent qualified public accountant is **not attached** because:

**(1)** [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| c | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| d | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| e | Was this plan covered by a fidelity bond? | 4e | X | | 10000000 |
| f | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| g | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| h | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| i | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| j | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | X | | |
| k | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| l | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| m | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | X | | |
| n | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | X | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

## Part V Trust Information (optional)

| **6a** Name of trust | **6b** Trust's EIN |
|---|---|
| | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2013**

**This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

**A** Name of plan
FROZEN FOOD EXPRESS INDUSTRIES, INC. 401(K) SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
FROZEN FOOD EXPRESS INDUSTRIES, INC.

**D** Employer Identification Number (EIN)
75-1301831

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-0127290

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... **3**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6 a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11 a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

WATERS, VOLLMERING
& ASSOCIATES, L.L.P.

# INDEPENDENT AUDITOR'S REPORT

The Administrative Committee of the
Frozen Food Express Industries, Inc. 401(k) Savings Plan

We have audited the accompanying financial statements of the Frozen Food Express Industries, Inc. 401(k) Savings Plan (the "Plan), which comprise the statement of net assets available for plan benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for plan benefits for each of the three years ended December 31, 2013, 2012, and 2011, and the related notes to the financial statements.

**Management's Responsibility for the Financial Statements**

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

**Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to error or fraud. In making those risk assessments, the auditor considers internal control relevant to the Plan's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis

for our audit opinion.

**Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for plan benefits of the Frozen Food Express Industries, Inc. 401(k) Savings Plan, as of December 31, 2013 and 2012, and the changes in net assets available for plan benefits for each of the three years ended December 31, 2013, 2012, and 2011 in conformity with accounting principles generally accepted in the United States of America.

**Report on Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules on pages 12, 13 and 14, together referred to as "supplemental information," are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates to the underlying accounting and other records used to prepare the financial statements. The supplemental information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Waters Vollmering & Associates, LLP

Waters, Vollmering & Associates, LLP
Mansfield, Texas
June 15, 2014

FROZEN FOOD EXPRESS INDUSTRIES, INC.
401(k) SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2013 and 2012
(Amounts in thousands)

| | 2013 | 2012 |
|---|---|---|
| Investments (at fair value) | $ 12,150 | $ 11,816 |
| Participant notes receivable | 825 | 1,010 |
| Employee contributions receivable | - | 56 |
| Other | 72 | 63 |
| Total investments | 13,047 | 12,945 |
| Less: | | |
| Benefits payable | 3,241 | 2,587 |
| Net assets reflecting all investments at fair value | 9,806 | 10,358 |
| Adjustment from fair value to contract value for fully benefit-responsive investment contracts | 9 | (15) |
| Net assets available for plan benefits | $ 9,815 | $ 10,343 |

See accompanying notes and auditor's report.

**FROZEN FOOD EXPRESS INDUSTRIES, INC.**
**401(k) SAVINGS PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS**
Years Ended December 31, 2013, 2012 and 2011
(Amounts in thousands)

| | 2013 | 2012 | 2011 |
|---|---|---|---|
| Investment income: | | | |
| Dividend income | $ 382 | $ 283 | $ 266 |
| Interest income | 33 | 41 | 57 |
| | 415 | 324 | 323 |
| Administration expense | (11) | (23) | (21) |
| Realized gain (loss) | (2,029) | (210) | (12) |
| Net unrealized appreciation (depreciation) in market value of investments | 4,544 | 714 | (3,797) |
| Employee contributions | 945 | 1,119 | 1,172 |
| Employer contributions | - | - | - |
| | 3,449 | 1,600 | (2,658) |
| Decrease in fair market value of plan benefits payable to participants | (4,392) | (3,524) | (2,990) |
| Net increase (decrease) | (528) | (1,600) | (5,325) |
| Net assets available for plan benefits at beginning of year | 10,343 | 11,943 | 17,268 |
| Net assets available for plan benefits at end of year | $ 9,815 | $ 10,343 | $ 11,943 |

See accompanying notes and auditor's report.

FROZEN FOOD EXPRESS INDUSTRIES, INC.
401(k) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2013
(Amounts in thousands)

## 1. Description of the Savings Plan

The Frozen Food Express Industries, Inc. 401(k) Savings Plan (the "Savings Plan") is a defined contribution plan covering substantially all employees of Frozen Food Express Industries, Inc. ("FFEX") and its wholly-owned subsidiaries (the "Employer"). The Savings Plan is designed to comply with the Employee Retirement Income Security Act of 1974 ("ERISA") and to allow employees the option of investing in common stock of FFEX or in other investment funds designated by the Savings Plan committee (the "Savings Committee"). Participants should refer to the Savings Plan agreement for a more complete description of the Savings Plan's provisions.

***Contributions*** - Participants may elect to contribute to the Savings Plan through periodic payroll deductions, subject to limits defined by the Savings Plan. Participants may also make a rollover contribution from other qualified plans or rollover IRA. The Company matching contribution was suspended on April 6, 2009. Previously it was equal to 25% of the executive contribution each pay period up to a maximum of 1% of executive salary.

Employee contributions, excluding rollovers, amounted to $811, $979 and $1,168 in 2013, 2012 and 2011, respectively. The Employer did not make any contributions to the Savings Plan in 2013, 2012 and 2011.

***Eligibility*** - An employee who completes 90 days of employment with the employer may enter the Savings Plan on the first business day of the month thereafter.

***Participants' Accounts*** - Each participant account is credited with the participant's contributions and an allocation of (a) the employer's contributions, and (b) plan earnings. Allocations of plan earnings are based on participants' account balances, allocations of employers' contributions are based on participants' quarterly contributions.

***Participant Notes Receivable*** - Participants may borrow from their fund accounts in an amount not to exceed the lesser of $50,000 or 50% of the Participant's vested account balance. Loan transactions are treated as a transfer between the investment fund and the Participant Notes Receivable. Loan terms range from one to five years, or up to ten years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate as determined by the Savings Committee. The interest rates charged for loans made in 2013, 2012 and 2011 was 4.25%. Principal and interest payments are due in substantially level amortized payments, payable not less than quarterly, through payroll deductions.

***Vesting*** - Upon termination of employment, participants are entitled to receive 100% of their own contributions and any earnings thereon. Participants' benefits from Employer contributions begin to vest upon two years of credited service and vest 100% upon six years of credited service as defined by the Savings Plan.

***Investment Options*** - During each of the three years ending December 31, 2013, participants could direct employee contributions in any of ten investment options, as follows:

- *Stable Value Fund* - The fund invests in assets whose principal value remains stable regardless of stock and bond market fluctuations. The Savings Committee has selected the Principal Stable Value Sel Fund, formerly the Fischer Francis Trees & Watts ("FFT&W") Income Plus D Fund , as the investment vehicle for this fund.

- *Intermediate Bond Fund* - The fund invests in fixed-income securities including corporate bonds, U.S. government securities, mortgage-related securities, and money-market instruments. The Savings Committee has selected the PIMCO Total Return Institutional Fund as the investment vehicle for this fund.

- *Mixed Investment Fund* - The fund may invest a large portion of its assets in common stock and convertible securities. Prospective dividends and earnings are major considerations in these purchases. The Savings Committee has selected the Principal LifeTime Preferred Funds as the investment vehicle for these funds.

- *Stock Index Fund* - The fund attempts to replicate the aggregate return and risk of the Standard & Poor's 500 index. The fund will purchase all, or a representative sample of all the stocks held in the S&P 500 index. The Savings Committee has selected the Principal Global Investors S&P 500 Index R5 Fund as the investment vehicle for this fund.

- *Large Cap Growth Stock Fund* - The fund seeks capital appreciation by investing primarily in securities that are expected by the fund to grow at an above average rate. The Savings Committee has selected the T. Rowe Price/Brown LargeCap Growth I R5 Fund, formerly, Columbus Circle Investors LargeCap Growth R5 Fund, as the investment vehicle for this fund.

- *Large Cap Value Stock Fund* - This fund seeks capital appreciation by investing in large companies that are currently considered by the fund to be undervalued or demonstrate growth in earnings and revenue. The Savings Committee has selected the Invesco Van Kampen Growth and Income A Fund as the investment vehicle for this fund.

- *Small Growth Stock Fund* - The fund invests primarily in common stocks of companies whose earnings are growing at an accelerating rate. The Savings Committee has elected the AllianceBern/CCI /Brown SmallCap Growth I R5 Fund as the investment vehicle for this fund.

- *Small Cap Value Stock Fund* - The fund seeks capital growth by investing in small-sized companies that are currently considered by the fund to be undervalued or demonstrate growth in earnings and revenue. The Savings Committee has selected the Delaware Management Company Delaware Small Cap Value A Fund as the investment vehicle for this fund.

- *International Stock Fund* - The fund invests primarily in stocks and debt securities of companies and governments outside the United States. The Savings Committee has selected the Oakmark International II fund, formerly the Artio Global Management, LLC Artio International Equity A Fund, as the investment vehicle for this fund.

- *Frozen Food Express Industries, Inc. Common Stock Fund* – the fund invests in the common stock of FFEX, which was sold August 22, 2013 for consideration of $2.10 per share.

***Administration*** - The Savings Plan is administered by a committee appointed by the Board of Directors of FFEX. Administrative expenses not paid by FFEX are paid by the Savings Plan. During 2013, 2012, and 2011 FFEX paid administrative expenses of $100, $69, and $102 respectively (in thousands).

***Termination of the Plan*** - While the employer has not expressed any intent to discontinue its contributions, employers are free to discontinue contributions and FFEX may terminate the Savings Plan at any time. If terminated, net assets of the Savings

Plan would be distributed to participants and beneficiaries as prescribed by the terms of the Savings Plan, in accordance with ERISA. Upon termination of the Savings Plan, participants' accounts become 100% vested.

***Payment of Benefits*** – On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account or annual installments over a period of time. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

***Forfeited accounts*** - During 2013, 2012 and 2011, employer expenses were reduced by $3, $10 and $15, respectively, from forfeited non-vested accounts (in thousands).

## 2. Summary of Significant Accounting Policies

Basis of accounting - The financial statements of the Savings Plan are prepared under the accrual method of accounting.

Accounting estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Savings Committee to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reported period. Actual outcomes may vary from these estimates.

Valuation of investments – Investments are valued based on the quoted market price on the last day of the year or on contract value (Note 7). The difference between current market value and cost of the investment is reflected in the statement of changes in net assets available for plan benefits by investment fund as net unrealized appreciation or depreciation in market value of investments. Where there are no readily available last traded or current bid prices, fair value estimation procedures used in determining asset values might cause differences from the values that would exist in a ready market due to the potential subjectivity in the estimates. Following is a description of the valuation methodologies used for assets measured at fair value.

**Mutual Funds** – Mutual Funds are investment vehicles stated at fair value based on quoted market prices reported by the Trustee.

**Participant Loans** – Loans to plan participants are valued at cost plus accrued interest, which approximates fair value.

Risks and Uncertainties – The plan utilizes various investment instruments, including mutual funds, money market funds, and common stock. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported on the financial statements.

Purchases, Sales and Dividend Income – Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

## 3. Net Asset Values

The following table presents the net asset values of each investment fund as of December 31, 2013 and 2012:

| | (amounts in thousands) 2013 | 2012 |
|---|---|---|
| Frozen Food Express Industries, Inc. Common Stock, 0 shares and 1,072,335 shares, respectively. | $ - | $ 747[1] |
| FFT&W Income Plus D Fund, 0 shares and 287,399 shares, respectively | - | 1,847[1] |
| Principal Stable Value Sel Fund, 72,278 shares and 0 shares, respectively. | 936[1] | - |
| PIMCO Total Return Institutional Fund, 186,766 and 200,063 shares, respectively. | 1,658[1] | 1,454[1] |
| Principal Global Investors: | | |
| LifeTime Income, 11,059 shares and 9,293 shares, respectively. | 99 | 82 |
| LifeTime 2050, 4,184 shares and 2,624 shares, respectively. | 57 | 30 |
| LifeTime 2040, 22,401 shares and 27,172 shares, respectively. | 240 | 280 |
| LifeTime 2030, 103,302 shares and 65,061 shares, respectively. | 1,331[1] | 745[1] |
| LifeTime 2020, 124,672 shares and 79,336 shares, respectively. | 1,378[1] | 938[1] |
| LifeTime 2010, 19,850 shares and 10,433 shares, respectively. | 188 | 120 |
| Principal Global Investors S&P 500 Index R5 Fund, 70,203 shares and 79,858 shares, respectively. | 562[1] | 536[1] |
| Columbus Circle LargeCap Growth R5 Fund, 0 shares and 60,862 shares, respectively. | - | 439 |
| T.Rowe Price LargeCap Growth I R5 Fund, 48,868 shares and 0 shares, respectively. | 393 | - |
| Invesco Van Kampen Growth & Income A Fund, 42,496 shares and 44,317 shares, respectively. | 776[1] | 695[1] |
| Artio International Equity A Fund, 0 shares and 31,388 shares, respectively. | - | 581[1] |
| Oakmark International II Fund, 31,140 shares and 0 shares, respectively. | 535[1] | - |
| AllianceBern/CCI/Brown SmallCap Growth I R5 Fund, 55,753 shares and 57,203 shares, respectively. | 497[1] | 460 |
| Delaware Small Cap Value A Fund, 9,185 shares and 11,325 shares, respectively. | 340 | 379 |
| | $ 8,990 | $ 9,333 |

**Computational notes:**

(1) Investments that represent 5 percent or more of the fair value of the Plan's net assets available for benefit.

During 2013, the Savings Plan's investments decreased in value by $343 as follows:

| | (amounts in thousands) Appreciated/(Depreciated) |
|---|---|
| Investments in Registered Investment Companies | $ 1,315 |
| Frozen Food Express Industries, Inc. Common Stock | (747) |
| FFT&W Income Plus Stable Value Fund | (1,847) |
| Principal Stable Value Sel Fund | 936 |
| | $ (343) |

During 2013, the Savings Plan's investments (including gains and losses on investments bought and sold, as well as investments held during the year) appreciated in value by $2,515 as follows:

| | (amounts in thousands) Appreciate/(Depreciated) |
|---|---|
| Investments in Registered Investment Companies | $ (887) |
| Frozen Food Express Industries, Inc. Common Stock | 3,391 |
| FFT&W Income Plus Stable Value Fund | 3 |
| Principal Stable Value Sel Fund | 8 |
| | $ 2,515 |

## 4. Income Tax Status

The Savings Plan obtained its latest determination letter on October 22, 2013, in which the Internal Revenue Service stated that the plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Savings Plan administrator and the Savings Plan's tax counsel believe that the Savings Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been reflected in the Savings Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expect to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

## 5. Plan Amendment

On August 16, 2013, the Second Amendment to our Savings Plan was approved by the Board of Directors of FFEX (i) to permit highly compensated employee participants to elect to have Savings Contributions made on their behalf by payroll deductions during the Plan Year, the Wrap Plan having been frozen effective July 12, 2013 and no further contributions being accepted by the Wrap Plan; (ii) to eliminate the Company Stock Fund as an investment option for Participant-Directed Accounts; and (iii) to eliminate the ESOP features in the Plan.

## 6. Fair Value Measurements

FASB Accounting Standard Codification Topic 820-10, Board Statement No. 157, *Fair Value Measurements* (SFAS 157), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820-10 are described below:

- Level 1 - quoted market prices in active markets for identical assets or liabilities
- Level 2 – inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3 – unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

NOTES TO FINANCIAL STATEMENTS — (Continued)

As of December 31, 2013 and 2012, the Plan's investments measured at fair value consisted of the following instruments and classifications within the fair value hierarchy:

(amounts in thousands)

| | Fair Value Measurements as of December 31, 2013 Using Input Type | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Investments in Registered Investment Companies | $ 10,780 | $ - | $ - | $ 10,780 |
| Principal Stable Value Sel Fund | - | 1,369 | 1 | 1,370 |
| Total | $ 10,780 | $ 1,369 | $ 1 | $ 12,150 |

(amounts in thousands)

| | Fair Value Measurements as of December 31, 2012 Using Input Type | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Investments in Registered Investment Companies | $ 8,821 | $ - | $ - | $ 8,821 |
| Frozen Food Express Industries, Inc. Common Stock | 954 | - | - | 954 |
| FFT&W Income Plus Stable Value Fund | - | 1,389 | 652 | 2,041 |
| Total | $ 9,775 | $ 1,389 | $ 652 | $ 11,816 |

The following tables reconcile the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) of the FFT&W Income Plus Stable Value Plus and Principal Stable Value Sel Fund's guaranteed income contracts (GIC) for the years ended December 31, 2013:

(amounts in dollars)

| | Traditional GIC's | Wrapper Contracts | Total |
|---|---|---|---|
| Balance as of December 31, 2012 | $ 645,480 | $ 6,520 | $ 652,000 |
| Change in unrealized appreciation | | (130) | (130) |
| Purchases | | 1,240 | 1,240 |
| Sales and maturities | (645,480) | (6,630) | (652,110) |
| Balance as of December 31, 2013 | $ | $ 1,000 | $ 1,000 |

The following tables reconcile the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) of the FFT&W Income Plus Stable Value Fund's guaranteed income contracts (GIC) for the years ended December 31, 2012:

(amounts in dollars)

| | Traditional GIC's | Wrapper Contracts | Total |
|---|---|---|---|
| Balance as of December 31, 2011 | $ 430,675 | $ 4,325 | $ 435,000 |
| Change in unrealized appreciation | 42,275 | 2,195 | 44,470 |
| Purchases | 234,000 | - | 234,000 |
| Sales and maturities | (61,470) | - | (61,470) |
| Balance as of December 31, 2012 | $ 645,480 | $ 6,520 | $ 652,000 |

The Savings Plan employs the following approaches in valuing its investments:

- Investments in registered investment companies are valued using quoted market prices, as all have active markets.
- The FFT&W Income Plus Stable Value Fund and the Gartmore Morley Stable Value Sel Fund invests in guaranteed investment contracts (GICs) issued by insurance companies and other financial institutions as well as debt or equity securities. In this fund, GICs are wrapper contracts used to mitigate the risk that the interest crediting rate does not result in a future interest crediting rate that is less than zero. An interest crediting rate less than zero would result in a loss of principal of accrued interest.

## 7. Investment Contract within Gartmore Morley Stable Value Sel Fund

In 2013, the Plan entered into a benefit-responsive investment contract with Gartmore Morley Stable Value Sel Fund. The Fund invests primarily in investment contracts such as traditional guaranteed investment contracts (GICs) and enters into wrapper contracts with underlying securities to create synthetic GICs. The contract is included in the financial statements at contract value as reported to the plan by Gartmore Morley. Contract value represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the guaranteed investment contract is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract.

Contract value, as reported to the Plan by Gartmore Morley, represents principal amounts invested in the underlying investments, plus interest accrued at a crediting rate established under the contract, less any adjustments for withdrawals (as specified in the wrap agreement). Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2013 and 2012 was ($15) and ($5), respectively. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting.

Certain events limit the Plan's ability to transact at contract value with Gartmore Morley. These events include termination of participating plans, or a material adverse change to the provision of participating plans. The plan administrator does not believe that any events that would limit the Plan's ability to transact at contract value with the Plan participants are occurring.

Certain events are permitted for the issuer to initiate contract terminations. These events include the uncured loss of a participating plan's tax qualified status, uncured material breaches of wrap contract by the Fund, or material and adverse changes to the provisions of the Fund.

| | 2013 | 2012 |
|---|---|---|
| Average Yields: | | |
| Ratio of year-end market value yield to investments (at fair value) | 1.43% | 1.65% |
| Ratio of year-end crediting rate to investments (at fair value) | 1.28% | 1.23% |

8. **Subsequent Events**

Management has evaluated subsequent events for possible recognition or disclosure through the date of the financial statement report (June 15, 2014). There were no subsequent events that required recognition or disclosure.

FROZEN FOOD EXPRESS INDUSTRIES, INC.
401(k) SAVINGS PLAN
PLAN 001
EIN 75-1031831

SCHEDULE H, PART IV, LINE 4i-SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

December 31, 2013
(Amounts in thousands)

| (a) Identity of Issue | (b) Description of Investment (shares) | (c) Cost | (d) Current Fair Value |
|---|---|---|---|
| Gartmore Morley Cap Mgt Inc. Stable Value | 72 | $ 1,377 | $ 1,379 |
| PIMCO Total Return Institutional Fund | 187 | 2,043 | 1,997 |
| Principal Global Investors: | | | |
| LifeTime Income | 11 | 122 | 130 |
| LifeTime 2050 | 4 | 54 | 60 |
| LifeTime 2040 | 22 | 286 | 333 |
| LifeTime 2030 | 103 | 1,366 | 1,491 |
| LifeTime 2020 | 125 | 1,642 | 1,765 |
| LifeTime 2010 | 20 | 249 | 259 |
| Principal Global Investors S&P 500 Index Fund | 70 | 630 | 920 |
| T. Rowe Price LargeCap Growth Fund | 49 | 568 | 607 |
| Invesco Growth & Income Fund | 42 | 902 | 1,148 |
| Oakmark International II Fund | 31 | 795 | 824 |
| Alliance Capital SmallCap Growth I Pref Fund | 56 | 578 | 764 |
| Delaware Small Cap Value A Fund | 9 | 352 | 482 |
| | | $ 10,964 | $ 12,159 |
| Loans to Participants | Interest bearing notes at 4.25%-9.25% | $ - | $ 825 |

FROZEN FOOD EXPRESS INDUSTRIES, INC.
401(k) SAVINGS PLAN
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EIN 75-1031831

SCHEDULE H, PART IV, LINE 4i-SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN THE YEAR)

December 31, 2013
(Dollars in thousands)

| (a) Identity of Issue | (b) Description of Investment (shares) | (c) Cost | (d) Proceeds |
|---|---|---|---|
| Frozen Food Express Industries, Inc. Common Stock Fund | 2,204,952 | $ 7,235 | $ 4,521 |

* These are total shares sold within the plan year, not necessarily just those shares acquired and disposed within the plan year.

All other investment assets that were both acquired and disposed of during the plan year were interests issued by a company registered under the Investment Company Act of 1940. Therefore, these transactions are excluded from this schedule in accordance with the Specific Instructions for Form 5500.

FROZEN FOOD EXPRESS INDUSTRIES, INC.
401(k) SAVINGS PLAN
PLAN 001
EIN 75-1031831

SCHEDULE H, PART IV, LINE 4j-SCHEDULE OF REPORTABLE TRANSACTIONS

**December 31, 2013**
*(Dollars in thousands)*

| | | Purchases | | | |
|---|---|---|---|---|---|
| (a) Identity of Party Involved | (b) Description | Shares/Units | (g) Cost | (h) Market Value | (i) Net Gain or (Loss) |
| Frozen Food Express Industries, Inc. * | Common Stock | 115,305 | $ 177 | $ 242 | $ 65 |
| FFTW | Stable Value | 51,459 | 363 | 365 | 2 |
| Gilmore Morley | Stable Value | 87,566 | 1,668 | 1,671 | 3 |
| PIMCO | Intermediate Bond | 85,384 | 942 | 913 | (29) |
| Principal | LifeTime Income | 4,230 | 49 | 50 | 1 |
| Principal | LifeTime 2050 | 3,734 | 52 | 54 | 2 |
| Principal | LifeTime 2040 | 14,081 | 197 | 209 | 12 |
| Principal | LifeTime 2030 | 111,612 | 1,553 | 1,611 | 58 |
| Principal | LifeTime 2020 | 131,568 | 1,818 | 1,863 | 45 |
| Principal | LifeTime 2010 | 41,017 | 524 | 535 | 11 |
| Principal | Stock Index | 17,532 | 209 | 230 | 21 |
| Columbus Circle | LargeCap Growth | 4,757 | 48 | 51 | 3 |
| T Rowe Price | LargeCap Value | 68,513 | 794 | 850 | 56 |
| InvescoVan Kampen | LargeCap Value | 16,253 | 414 | 439 | 25 |
| Alliance Capital Management | SmallCap Value | 19,168 | 258 | 263 | 5 |
| Delaware Management | SmallCap Value | 3,563 | 173 | 187 | 14 |
| Oakmark | International Stock | 38,694 | 987 | 1,024 | 37 |
| Julius Baer | International Stock | 1,875 | 53 | 53 | -0- |

* Party-in-interest to the Savings Plan.

**FROZEN FOOD EXPRESS INDUSTRIES, INC.**
**401(k) SAVINGS PLAN**
**PLAN 001**
**EIN 75-1031831**

**SCHEDULE H, PART IV, LINE 4i-SCHEDULE OF ASSETS**
**(HELD AT END OF YEAR)**

**December 31, 2013**

| (a) Identity of Issue | (b) Description of Investment (shares) | (c) Cost | (d) Current Fair Value |
|---|---|---|---|
| Gartmore Morley Cap Mgt Inc. Stable Value | 72,278 | $ 1,376,769 | $ 1,379,267 |
| PIMCO Total Return Institutional Fund | 186,766 | 2,043,134 | 1,996,534 |
| Principal Global Investors: | | | |
| LifeTime Income | 11,059 | 122,411 | 129,507 |
| LifeTime 2050 | 4,184 | 53,898 | 60,254 |
| LifeTime 2040 | 22,401 | 285,693 | 332,652 |
| LifeTime 2030 | 103,302 | 1,366,029 | 1,490,654 |
| LifeTime 2020 | 124,672 | 1,642,272 | 1,765,362 |
| LifeTime 2010 | 19,850 | 249,277 | 259,043 |
| Principal Global Investors S&P 500 Index Fund | 70,203 | 630,420 | 920,364 |
| T. Rowe Price LargeCap Growth Fund | 48,868 | 567,718 | 606,454 |
| Invesco Growth & Income Fund | 42,496 | 902,423 | 1,148,243 |
| Oakmark International II Fund | 31,140 | 794,931 | 824,284 |
| Alliance Capital SmallCap Growth I Pref Fund | 55,753 | 578,234 | 764,372 |
| Delaware Small Cap Value A Fund | 9,185 | 351,933 | 482,111 |
| | | $ 10,955,143 | $ 12,159,101 |
| Loans to Participants | Interest bearing notes at 4.25%-9.25% | $ - | $ 824,598 |

**FROZEN FOOD EXPRESS INDUSTRIES, INC.**
**401(k) SAVINGS PLAN**
**PLAN 001**
**EIN 75-1031831**

**SCHEDULE H, PART IV, LINE 4i-SCHEDULE OF ASSETS**
**(ACQUIRED AND DISPOSED OF WITHIN THE YEAR)**

**December 31, 2013**

| (a) Identity of Issue | (b) Description of Investment (shares) | (c) Cost | (d) Proceeds |
|---|---|---|---|
| Frozen Food Express Industries, Inc. Common Stock Fund | 2,204,952 | $ 7,235,153 | $ 4,521,445 |

* These are total shares sold within the plan year, not necessarily just those shares acquired and disposed within the plan year.

All other investment assets that were both acquired and disposed of during the plan year were interests issued by a company registered under the Investment Company Act of 1940. Therefore, these transactions are excluded from this schedule in accordance with the Specific Instructions for Form 5500.

**FROZEN FOOD EXPRESS INDUSTRIES, INC.**
**401(k) SAVINGS PLAN**
**PLAN 001**
**EIN 75-1031831**

**SCHEDULE H, PART IV, LINE 4j-SCHEDULE OF REPORTABLE TRANSACTIONS**

**December 31, 2013**

| | | Purchases | | | |
|---|---|---|---|---|---|
| (a) Identity of Party Involved | (b) Description | Shares/Units | (g) Cost | (h) Market Value | (i) Net Gain or (Loss) |
| Frozen Food Express Industries, Inc. * | Common Stock | 115,305 | $ 176,508 | $ 242,140 | $ 65,632 |
| FFTW | Stable Value | 51,459 | 363,368 | 364,536 | 1,168 |
| Gilmore Morley | Stable Value | 87,566 | 1,667,901 | 1,670,944 | 3,093 |
| PIMCO | Intermediate Bond | 85,384 | 942,278 | 912,750 | (29,528) |
| Principal | LifeTime Income | 4,230 | 49,224 | 49,528 | 304 |
| Principal | LifeTime 2050 | 3,734 | 51,770 | 53,776 | 2,006 |
| Principal | LifeTime 2040 | 14,081 | 196,810 | 209,109 | 12,299 |
| Principal | LifeTime 2030 | 111,612 | 1,552,630 | 1,610,567 | 57,937 |
| Principal | LifeTime 2020 | 131,568 | 1,817,860 | 1,863,006 | 45,146 |
| Principal | LifeTime 2010 | 41,017 | 523,741 | 535,269 | 11,528 |
| Principal | Stock Index | 17,532 | 209,039 | 229,845 | 20,806 |
| Columbus Circle | LargeCap Growth | 4,757 | 47,592 | 50,713 | 3,121 |
| T Rowe Price | LargeCap Value | 68,513 | 793,543 | 850,241 | 56,698 |
| InvescoVan Kampen | LargeCap Value | 16,253 | 413,846 | 439,146 | 25,300 |
| Alliance Capital Management | SmallCap Value | 19,168 | 257,705 | 262,789 | 5,084 |
| Delaware Management | SmallCap Value | 3,563 | 173,019 | 187,035 | 14,016 |
| Oakmark | International Stock | 38,694 | 987,337 | 1,024,229 | 36,892 |
| Julius Baer | International Stock | 1,875 | 52,779 | 53,353 | 574 |

* Party-in-interest to the Savings Plan.

FROZEN FOOD EXPRESS INDUSTRIES, INC.
401(k) SAVINGS PLAN
PLAN 001
EIN 75-1031831

SCHEDULE H, PART IV, LINE 4i-SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

December 31, 2013
(Amounts in thousands)

| (a) Identity of Issue | (b) Description of Investment (shares) | (c) Cost | (d) Current Fair Value |
|---|---|---|---|
| Gartmore Morley Cap Mgt Inc. Stable Value | 72 | $ 1,377 | $ 1,379 |
| PIMCO Total Return Institutional Fund | 187 | 2,043 | 1,997 |
| Principal Global Investors: | | | |
| LifeTime Income | 11 | 122 | 130 |
| LifeTime 2050 | 4 | 54 | 60 |
| LifeTime 2040 | 22 | 286 | 333 |
| LifeTime 2030 | 103 | 1,366 | 1,491 |
| LifeTime 2020 | 125 | 1,642 | 1,765 |
| LifeTime 2010 | 20 | 249 | 259 |
| Principal Global Investors S&P 500 Index Fund | 70 | 630 | 920 |
| T. Rowe Price LargeCap Growth Fund | 49 | 568 | 607 |
| Invesco Growth & Income Fund | 42 | 902 | 1,148 |
| Oakmark International II Fund | 31 | 795 | 824 |
| Alliance Capital SmallCap Growth I Pref Fund | 56 | 578 | 764 |
| Delaware Small Cap Value A Fund | 9 | 352 | 482 |
| | | $ 10,964 | $ 12,159 |
| Loans to Participants | Interest bearing notes at 4.25%-9.25% | $ - | $ 825 |

FROZEN FOOD EXPRESS INDUSTRIES, INC.
401(k) SAVINGS PLAN
PLAN 001
EIN 75-1031831

SCHEDULE H, PART IV, LINE 4i-SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN THE YEAR)

December 31, 2013
(Dollars in thousands)

| (a) Identity of Issue | (b) Description of Investment (shares) | (c) Cost | (d) Proceeds |
|---|---|---|---|
| Frozen Food Express Industries, Inc. Common Stock Fund | 2,204,952 | $ 7,235 | $ 4,521 |

* These are total shares sold within the plan year, not necessarily just those shares acquired and disposed within the plan year.

All other investment assets that were both acquired and disposed of during the plan year were interests issued by a company registered under the Investment Company Act of 1940. Therefore, these transactions are excluded from this schedule in accordance with the Specific Instructions for Form 5500.

FROZEN FOOD EXPRESS INDUSTRIES, INC.
401(k) SAVINGS PLAN
PLAN 001
EIN 75-1031831

SCHEDULE H, PART IV, LINE 4j-SCHEDULE OF REPORTABLE TRANSACTIONS

**December 31, 2013**
(Dollars in thousands)

| | | Purchases | | | |
|---|---|---|---|---|---|
| (a) Identity of Party Involved | (b) Description | Shares/Units | (g) Cost | (h) Market Value | (i) Net Gain or (Loss) |
| Frozen Food Express Industries, Inc. * | Common Stock | 115,305 | $ 177 | $ 242 | $ 65 |
| FFTW | Stable Value | 51,459 | 363 | 365 | 2 |
| Gilmore Morley | Stable Value | 87,566 | 1,668 | 1,671 | 3 |
| PIMCO | Intermediate Bond | 85,384 | 942 | 913 | (29) |
| Principal | LifeTime Income | 4,230 | 49 | 50 | 1 |
| Principal | LifeTime 2050 | 3,734 | 52 | 54 | 2 |
| Principal | LifeTime 2040 | 14,081 | 197 | 209 | 12 |
| Principal | LifeTime 2030 | 111,612 | 1,553 | 1,611 | 58 |
| Principal | LifeTime 2020 | 131,568 | 1,818 | 1,863 | 45 |
| Principal | LifeTime 2010 | 41,017 | 524 | 535 | 11 |
| Principal | Stock Index | 17,532 | 209 | 230 | 21 |
| Columbus Circle | LargeCap Growth | 4,757 | 48 | 51 | 3 |
| T Rowe Price | LargeCap Value | 68,513 | 794 | 850 | 56 |
| InvescoVan Kampen | LargeCap Value | 16,253 | 414 | 439 | 25 |
| Alliance Capital Management | SmallCap Value | 19,168 | 258 | 263 | 5 |
| Delaware Management | SmallCap Value | 3,563 | 173 | 187 | 14 |
| Oakmark | International Stock | 38,694 | 987 | 1,024 | 37 |
| Julius Baer | International Stock | 1,875 | 53 | 53 | -0- |

* Party-in-interest to the Savings Plan.