

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 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 200px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☐ the first return/report ☐ an amended return/report </div> <div> ☐ the final return/report ☐ a short plan year return/report (less than 12 months) </div> </div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 ☐ special extension (enter description) </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>HEARTLAND EXPRESS, INC. OF IOWA 401(K) PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/01/1991</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HEARTLAND EXPRESS, INC. OF IOWA</u> <u>901 NORTH KANSAS AVE.</u> <u>NORTH LIBERTY, IA 52317</u>	2b	Employer Identification Number (EIN) <u>42-0758403</u>
		2c	Plan Sponsor's telephone number <u>319-626-3600</u>
		2d	Business code (see instructions) <u>484120</u>

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.	10/13/2018	CHRIS STRAIN
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 3518
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2443 6a(2) 3617 6b 1 6c 1245 6d 4863 6e 8 6f 4871 6g 2500 6h 153
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 2G 2J 2K 2T 3D 3H 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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)** ☒ **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)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning **01/01/2017** and ending **12/31/2017**

A Name of plan HEARTLAND EXPRESS, INC. OF IOWA 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 HEARTLAND EXPRESS, INC. OF IOWA	D Employer Identification Number (EIN) 42-0758403	

Part I	Service Provider Information (see instructions)
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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).. ☒ 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 FIDELITY INVESTMENTS INSTITUTIONAL
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04-2647786

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

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

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)

STRATEGIC ADVISORS, INC.

04-2654524

(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?
27	ADVISOR	27073	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
60 64 65	RECORDKEEPER	3150	Yes ☒ No ☐	Yes ☒ No ☐	0	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
AMCENT INFL-ADJBD IV - AMERICAN CE 44-0619208	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
COL MID CAP GRTH I - COLUMBIA MGT PO BOX 8081 BOSTON, MA 02266	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
COL ST BOND I - COLUMBIA MGT INVES PO BOX 8081 BOSTON, MA 02266	0.40%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
INVS DIVRS DIVD R5 - INVESCO INVE 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
JPM US SMALL CO L - BOSTON FINANC P.O. BOX 8480 BOSTON, MA 02266	0.15%	
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
MAINSTAY LGCP GR R1 - NYLIM SERVIC 52-2206685	0.35%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
PIMCO TOT RETURN ADM - DST ASSET M P.O. BOX 8406 BOSTON, MA 02266		0.25%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
VRTS C MDCP VAL EQ I - VIRTUS FUND 4400 COMPUTER DRIVE WESTBOROUGH, MA 01581		0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.
WF EMRG MKTS EQ ADM - BOSTON FINAN P.O. BOX 8480 BOSTON, MA 02266		0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
WF SPL SM CP VAL ADM - BOSTON FINA P.O. BOX 8480 BOSTON, MA 02266	0.35%	
(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:	KPMG LLP	b EIN:	13-5565207
c Position:	ACCOUNTANTS		
d Address:	2500 RUAN CENTER 666 GRAND AVENUE DES MOINES, IA 50309	e Telephone:	515-288-7465
Explanation: CORRESPONDING CHANGE IN HEARTLAND EXPRESS, INC.'S INDEPENDENT REGISTERED PUBLIC ACCOUNTING FIRM ON MARCH 8, 2018			

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:			

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017					
A Name of plan HEARTLAND EXPRESS, INC. OF IOWA 401(K) PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 HEARTLAND EXPRESS, INC. OF IOWA				D Employer Identification Number (EIN) 42-0758403	
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: MIP CL 1					
b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY					
c EIN-PN 04-3022712-024		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1582399	
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)	
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,	

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
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>HEARTLAND EXPRESS, INC. OF IOWA 401(K) PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HEARTLAND EXPRESS, INC. OF IOWA</u>	D Employer Identification Number (EIN) <u>42-0758403</u>	

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1677083	890856
(2) Participant contributions	1b(2)	72279	70215
(3) Other.....	1b(3)	0	31391801
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5521228	4870486
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	659532	325266
(9) Value of interest in common/collective trusts.....	1c(9)	1273619	1582399
(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	56223257	64684651
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	65426998	103815674

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	65426998	103815674
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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)	890856	
(B) Participants	2a(1)(B)	3708764	
(C) Others (including rollovers)	2a(1)(C)	155053	
(2) Noncash contributions	2a(2)	0	4754673
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	25491	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	15774	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		41265
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	3939753
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3939753	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3939753
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	0
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	0
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		9544
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		5988885
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		14734120

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7704938	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		7704938
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		2081
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	27073	
(4) Other	2i(4)	3153	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		30226
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7737245

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6996875
l Transfers of assets:			
(1) To this plan.....	2l(1)		31391801
(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) ☐ 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 ☐ No

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

(1) Name: GRANT THORNTON LLP

(2) EIN: 36-6055558

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:

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.).....

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.)

	Yes	No	Amount
4a		X	
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.)		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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.		X	
4n		X	

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

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)
INTERSTATE DISTRIBUTOR CO. 401(K) PROFIT SHARING PLAN & TRUST	91-0719381	001

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan HEARTLAND EXPRESS, INC. OF IOWA 401(K) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 HEARTLAND EXPRESS, INC. OF IOWA		D Employer Identification Number (EIN) 42-0758403
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
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): 04-6568107		
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 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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

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): _____

HEARTLAND EXPRESS, INC. OF IOWA 401(k) PLAN

Financial Statements and Supplementary Schedule

December 31, 2017 and 2016

(With Independent Auditors' Report Thereon)

HEARTLAND EXPRESS, INC. OF IOWA 401(k) PLAN

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Trustees

Heartland Express, Inc. of Iowa 401(k) Plan

Report on the financial statements

We were engaged to audit the accompanying financial statements of Heartland Express, Inc. of Iowa 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's responsibility for the financial statements

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 conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note 3, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from this entity as of and for the year ended December 31, 2017, stating that the certified information provided to the Plan administrator is complete and accurate.

Disclaimer of opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Supplementary information

The supplemental schedule of Form 5500, Schedule H, Part Iv, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017, is presented for purposes of additional analysis and is not a required part of the financial statements, but is 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. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Other matter

The financial statements of the Plan as of and for the year ended December 31, 2016 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the certified information. Their report, dated October 19, 2017, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion, and accordingly, they did not express an opinion on the financial statements, and (b) the form and content of the information included in the financial statements, other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on form and content in compliance with DOL rules and regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the certified information described in Note 3, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

GRANT THORNTON LLP

Tulsa, Oklahoma
October 12, 2018

HEARTLAND EXPRESS, INC. OF IOWA 401(k) PLAN

Statements of Net Assets Available for Benefits

December 31, 2017 and 2016

Assets	2017	2016
Investments, at fair value:		
Cash equivalents	\$ 4,870,486	5,521,228
Mutual funds	64,684,651	56,223,257
Collective trust	1,586,919	1,270,492
Total investments	<u>71,142,056</u>	<u>63,014,977</u>
Notes receivable from participants	325,266	659,532
Asset transfer merged plan receivable (Note 11)	31,391,801	—
Employee contributions receivable	70,215	72,279
Employer contributions receivable	<u>890,856</u>	<u>1,677,083</u>
Total contributions receivable	<u>961,071</u>	<u>1,749,362</u>
Net assets available for benefits	<u>\$ 103,820,194</u>	<u>65,423,871</u>

See accompanying notes to financial statements.

HEARTLAND EXPRESS, INC. OF IOWA 401(k) PLAN
Statements of Changes in Net Assets Available for Benefits
Years ended December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 6,006,076	1,133,959
Interest and dividends	<u>3,965,244</u>	<u>1,981,012</u>
	<u>9,971,320</u>	<u>3,114,971</u>
Interest income on notes receivable from participants	15,774	16,657
Contributions:		
Employer	890,856	1,677,083
Participants	3,708,764	3,058,923
Participant rollovers	<u>155,053</u>	<u>223,664</u>
	<u>4,754,673</u>	<u>4,959,670</u>
Total additions	<u>14,741,767</u>	<u>8,091,298</u>
Deductions:		
Benefits paid to participants	7,707,019	7,139,671
Administrative expenses	<u>30,226</u>	<u>15,733</u>
Total deductions	<u>7,737,245</u>	<u>7,155,404</u>
Net increase in net assets available for benefits	7,004,522	935,894
Transfer from merged plan	31,391,801	29,211,380
Net assets available for benefits:		
Beginning of year	<u>65,423,871</u>	<u>35,276,597</u>
End of year	<u>\$ 103,820,194</u>	<u>65,423,871</u>

See accompanying notes to financial statements.

HEARTLAND EXPRESS, INC. OF IOWA 401(K) PLAN

Notes to Financial Statements and Supplementary Schedule

December 31, 2017 and 2016

(1) Plan Description

The following brief description of Heartland Express, Inc. of Iowa 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution 401(k) plan covering substantially all employees of Heartland Express, Inc. and subsidiaries (the Company) who are not "highly compensated" employees, owner/operators or lease employees, and have completed one year of service and are at least 19 years of age. A year of service is measured as completion of not less than 1,000 hours of service in a 12 consecutive month period. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Effective July 1, 2016, Highly Compensated Employees (HCE) may participate in the Plan on a limited contribution rate basis of 4%. HCE's are not eligible for employer discretionary profit sharing contributions.

The Plan includes all employees of Gordon Trucking, Inc. (GTI) as of July 1, 2016. GTI was an indirect wholly owned subsidiary of Heartland Express, Inc. that was acquired on November 11, 2013. GTI employees were covered by a separate defined contribution 401(k) plan until July 1, 2016. On July 6, 2017, Heartland Express, Inc. of Iowa, acquired Interstate Distributor Co. (IDC) which became an indirect wholly owned subsidiary of Heartland Express, Inc. IDC employees were covered by a separate defined contribution 401(k) plan through December 31, 2017. See Note 11.

(b) Participant Accounts

Each participant's account is credited with the participant's contribution, an allocation of Plan earnings and an allocation of employer profit sharing or matching contributions as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Participants may direct the investment of their account balances into any combination of the investment options offered by the Plan and may generally also transfer their balances daily among these options.

(c) Contributions

(i) Employee Contributions

Participants may make elective contributions not to exceed the 402(g) limit. Eligible employees who elect to participate in the Plan may contribute up to 60% of their eligible compensation (as defined by the Plan) into the Plan subject to statutory limitations of \$18,000 for 2017 and 2016. A participant who is, or will be, age 50 or older by the end of the year, can make additional catch-up contributions to a limit of \$6,000 in 2017 and 2016.

(ii) Employer Contributions

The Plan had three separate groups of employees, drivers, non-drivers, and Gordon Trucking, Inc. participant employees (GTI Employees) for the period January 1st, 2016 to June 30th, 2016 for 2016 employer contributions. The GTI Employees received 100% of the first 3% of their elective deferral contributions for the period of January 1st, 2016 to June 30th, 2016 and then became part of the respective driver or non-driver group for the period July 1st, 2016 to December 31st, 2016. The Plan had two separate groups of employees, drivers, and non-drivers for 2017.

HEARTLAND EXPRESS, INC. OF IOWA 401(K) PLAN

Notes to Financial Statements and Supplementary Schedule

December 31, 2017 and 2016

The allocation of the discretionary profit sharing contribution for non-driver employees is based on a formula that includes compensation and number of years of service. The matching contribution for driver employees is also discretionary, and was equal to the lesser of 50% of employee deferrals or 100% of the first 3% of eligible compensation with a maximum of \$2,000 in 2017 and 2016. HCE's are not eligible for employer discretionary profit sharing contributions. The Company's matching and profit sharing contributions are made once a year and are invested according to the participant's current investment election for new contributions going into the Plan. Employer contributions totaling \$890,856 for plan year 2017 and \$1,677,083 for plan year 2016 were made into the Plan in April 2018 and March 2017, respectively. Except for cases of retirement or termination due to disability or death, the matching and profit sharing contributions were made only to participants employed on the last working day of December for the respective Plan years.

Employer net cash contributions to the Plan were as follows:

	2017	2016
Discretionary matching to drivers	\$ 919,051	802,260
Discretionary profit sharing to nondrivers	321,805	462,226
Discretionary match to GTI Employees	—	752,597
	<u>1,240,856</u>	<u>2,017,083</u>
Forfeitures applied	<u>(350,000)</u>	<u>(340,000)</u>
	<u>\$ 890,856</u>	<u>1,677,083</u>

(iii) Rollover Contributions

The Plan allows for rollover contributions to be made to the Plan by eligible participants. These rollover contributions are eligible distributions from other tax-qualified plans or individual retirement accounts or annuities that participants elect to have invested in the Plan by a direct rollover to the Plan.

(d) Forfeited Accounts

Forfeitures of nonvested participant accounts are used to reduce the employer-matching and discretionary profit-sharing contributions. During the years ended December 31, 2017 and 2016, forfeitures of \$350,000 and \$340,000, respectively, were used to reduce the employer contributions.

(e) Administrative Expenses

Administrative expenses for the Plan are paid 50% by the Plan and 50% by the Company. Administrative expenses include investment fees paid to Fidelity Management Trust Company. Accounting and legal fees of \$16,792 and \$13,080 were paid by Heartland Express, Inc. on behalf of the Plan during the years ended December 31, 2017 and 2016, respectively.

(f) Payment of Benefits

In the event of termination of employment, the payment of participant elective deferrals and vested employer contributions are payable on or after the date of termination. The Plan provides for mandatory cash out or rollover distributions on balances of \$5,000 or less associated with plan participants who are no longer employees of the Company. Balances of nonemployee participants with account balances less than \$1,000 will be paid directly to the participant absent any direction to roll the balance into another account. Balances of nonemployee participants with account balances in excess of \$1,000 and less than

HEARTLAND EXPRESS, INC. OF IOWA 401(K) PLAN

Notes to Financial Statements and Supplementary Schedule

December 31, 2017 and 2016

\$5,000 will be rolled over into an IRA for the benefit of the participant. In each case of mandatory cash out provision, the assets are distributed from the Plan and are no longer part of the Plan's assets.

Upon obtaining retirement age of 65 for Heartland Express legacy employees or age of 55 for GTI legacy employees, death, or disability, participants receive the amount credited to their accounts. In the event of termination of employment, disability or retirement, the participant will receive a lump-sum amount. In the event of death, the beneficiary may elect to receive a lump sum or equal installments over a period of time.

(g) Vesting

Participants are immediately vested in their elective contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. For employer profit sharing and employer matching contributions, participants become 20% vested after two years of continuous service, 40% after three years, 60% after four years and 100% after five years or upon disability, death or retirement.

(h) Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Notes receivable from participants were transferred in from the Gordon Trucking, Inc. Retirement Plan and Trust ("GTI Plan") on July 1, 2016 and the Interstate Distributor Co. 401(k) Plan on December 31, 2017, however new participant loans are not allowed under the Plan.

(2) Significant Accounting Policies

(a) Basis of Accounting

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

(b) Accounting Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management of the Plan to make estimates and assumptions that affect the reported amount of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(c) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

(d) Investment Valuation and Investment Income

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

HEARTLAND EXPRESS, INC. OF IOWA 401(K) PLAN

Notes to Financial Statements and Supplementary Schedule

December 31, 2017 and 2016

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Purchases and sales of securities are recorded on trade-date basis. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(e) Payment of Benefits

Benefits payments to participants are recorded upon distribution.

(3) Information Certified and Provided by Fidelity Management Trust Company

The following is a summary of the investment information as of and for the years ended December 31, 2017 and 2016, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by Fidelity Management Trust Company, the trustee, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that the information provided to the Plan Administrator by the trustee related to the following investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information that appears throughout the financial statements and supplemental schedule related to the following investments:

	December 31	
	2017	2016
Investments at fair value:		
Cash equivalents	\$ 4,870,486	5,521,228
Mutual funds	64,684,651	56,223,257
Collective trusts	1,586,919	1,270,492
	<u>\$ 71,142,056</u>	<u>63,014,977</u>

Fidelity Management Trust Company has certified to the completeness and accuracy of the net appreciation in fair value of investments and interest and dividends related to the aforementioned investments for the years ended December 31, 2017 and 2016.

(4) Fair Value Measurements

The authoritative accounting guidance on fair value measurements establishes 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 the authoritative guidance are described below:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

HEARTLAND EXPRESS, INC. OF IOWA 401(K) PLAN

Notes to Financial Statements and Supplementary Schedule

December 31, 2017 and 2016

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Fair values of investments in cash equivalents are stated at net asset value, which equals fair value. Fair values of investments in mutual funds are determined daily based on the unadjusted closing net asset value of each fund as derived from a national exchange. Fair values of investments in collective trusts are based on net asset value per share.

The methods described above may produce a fair value that is not indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

		2017			
		Total	Level 1	Level 2	Level 3
Cash equivalents fund	\$	4,870,486	4,870,486	—	—
Mutual funds		64,684,651	64,684,651	—	—
Collective trusts		1,586,919	—	1,586,919	—
Total assets at fair value	\$	71,142,056	69,555,137	1,586,919	—

		2016			
		Total	Level 1	Level 2	Level 3
Cash equivalents fund	\$	5,521,228	5,521,228	—	—
Mutual funds		56,223,257	56,223,257	—	—
Collective trusts		1,270,492	—	1,270,492	—
Total assets at fair value	\$	63,014,977	61,744,485	1,270,492	—

(5) Investment Contracts

The Plan offers an investment in the Fidelity Managed Income Portfolio Fund, an investment contract with Fidelity Investments. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The Plan has no further contractual obligations to further invest in the funds.

HEARTLAND EXPRESS, INC. OF IOWA 401(K) PLAN

Notes to Financial Statements and Supplementary Schedule

December 31, 2017 and 2016

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value, subject to certain restrictions. Such restrictions include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (3) changes in law, regulation, ruling, administrative or judicial position, or accounting requirements. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

(6) Party-In-Interest Transactions

A number of mutual funds, collective trust fund, and the money market fund, are managed by Fidelity Management Trust Company. Fidelity is a custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Transactions resulting in plan assets being transferred to or used by a related party are prohibited under ERISA unless a specific exemption applies. These party-in-interest transactions are exempt and are not prohibited by ERISA.

(7) Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts, including employer contributions.

(8) Income Tax Status

The Internal Revenue Service has issued a determination letter dated May 16, 2011, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

U.S. generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability 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, 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability 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 2014.

(9) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>2017</u>	<u>2016</u>
Net assets available for benefits per the financial statements	\$ 103,820,194	65,423,871
Adjustment from fair value to current value of investments	<u>(4,520)</u>	<u>3,127</u>
Net assets available for benefits per Form 5500	<u>\$ 103,815,674</u>	<u>65,426,998</u>

HEARTLAND EXPRESS, INC. OF IOWA 401(K) PLAN

Notes to Financial Statements and Supplementary Schedule

December 31, 2017 and 2016

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to the Form 5500:

	<u>2017</u>	<u>2016</u>
Net increase in net assets available for benefits per the financial statements	\$ 7,004,522	935,894
Plus (Less) end of year adjustments from fair value to current value of investments	(4,520)	3,127
(Less) beginning of year adjustments from fair value to current value of investments	<u>(3,127)</u>	<u>(9,663)</u>
Net increase per Form 5500	<u>\$ 6,996,875</u>	<u>929,358</u>

(10) Plan Amendments

Effective July 1, 2016, the Plan was amended. The amendment allows highly compensated employees to participate in the Plan upon meeting all other eligibility criteria. The amendment also added a Roth contribution election option.

Effective July 1, 2016, the GTI Plan was merged into the Heartland Express, Inc. of Iowa 401(k) Plan and operates as one combined retirement plan covering all eligible employees of Heartland Express, Inc. and subsidiaries, including Gordon Trucking, Inc. on a go-forward basis. The GTI Plan had assets of approximately \$29,211,000 as of June 30, 2016.

Effective January 1, 2017, the Plan changed the default fund from the Fidelity Retirement Money Market Fund to the Fidelity Freedom funds (age appropriate). The Plan introduced Wells Fargo Special Small Cap Value Fund – Class Admin as a new investment available to Plan participants effective March 1, 2017. Also effective March 1, 2017, the Plan discontinued offering the RS Partners Fund Class A and any balance that was in this fund upon the effective date was transferred to the Wells Fargo Special Small Cap Value Fund – Class Admin.

In December of 2017, the Plan was amended to merge the Interstate Distributor Co. 401(k) Profit Sharing Plan and Trust (IDC Plan), into the Heartland Express, Inc. of Iowa 401(k) Plan and to operate them as one combined retirement plan covering all eligible employees of Heartland Express, Inc. and subsidiaries, including Interstate Distributor Co. on a go-forward basis.

(11) Merged Plan Assets

The GTI Plan was merged into the Plan on July 1, 2016 and operates as one combined retirement plan covering all eligible employees of Heartland Express, Inc. and subsidiaries, including GTI on a go-forward basis. The GTI Plan had assets of approximately \$29,211,000 as of July 1, 2016.

As of December 31, 2017, the IDC Plan was merged into the Plan and operates as one combined retirement plan covering all eligible employees of Heartland Express, Inc. and subsidiaries, including Interstate Distributor Co. on a go-forward basis. The IDC Plan had assets of approximately \$31,392,000 as of December 31, 2017, which was recorded as a receivable at the end of the Company's plan year, December 31, 2017. The IDC Plan assets were transferred on January 2, 2018.

HEARTLAND EXPRESS, INC. OF IOWA 401(K) PLAN

Notes to Financial Statements and Supplementary Schedule

December 31, 2017 and 2016

	<u>12/31/2017</u>	<u>7/1/2016</u>
Net assets available for benefits		
Investments tranferred from merged plan at fair value	\$ 30,396,541	28,165,132
Loans	822,229	1,046,248
Employee contributions receivable	47,442	—
Employer contributions receivables	125,589	—
Net assets transferred from merged plan	<u>\$ 31,391,801</u>	<u>29,211,380</u>

(12) Subsequent Events

The Company evaluated the Plan's 2017 financial statements for subsequent events through October 12 , 2018, the date the financial statements were available to be issued. The Company is not aware of any additional subsequent events that would require recognition or disclosure in the Plan's financial statements.

HEARTLAND EXPRESS, INC. OF IOWA 401(k) PLAN

Form 5500, Schedule H, Part IV, Line 4i –
Schedule of Assets (Held at End of Year)

December 31, 2017

Description	Current value
Cash and cash equivalents:	
Fidelity Retirement Money Market Fund *	\$ 4,870,486
Mutual funds:	
Fidelity Capital Appreciation Fund *	3,399,007
Fidelity Low-Priced Stock Fund *	2,913,851
Fidelity Diversified International Fund *	5,538,388
Fidelity Dividend Growth Fund *	2,832,122
Fidelity Freedom Income Fund *	173,141
Fidelity Freedom 2005 Fund *	319,567
Fidelity Freedom 2010 Fund *	1,126,523
Fidelity Freedom 2015 Fund *	1,103,157
Fidelity Freedom 2020 Fund *	5,442,253
Fidelity Freedom 2025 Fund *	4,038,977
Fidelity Freedom 2030 Fund *	5,076,557
Fidelity Freedom 2035 Fund *	1,851,317
Fidelity Freedom 2040 Fund *	2,279,227
Fidelity Freedom 2045 Fund *	731,467
Fidelity Freedom 2050 Fund *	356,032
Fidelity Freedom 2055 Fund *	119,602
Fidelity Freedom 2060 Fund *	24,306
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RidgeWorth MidCap Value Equity Fund	1,802,424
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Invesco Diversified Dividend Fund, R5	5,845,378
Wells Fargo SPL Small Cap Valuation ADM	1,608,066
Fidelity Total Market IDX PR	4,572,129
Collective trusts:	
Fidelity Managed Income Portfolio Fund *	1,582,399
Participant loans 1.00% to 7.75% due through January 2026	325,266
	<u>\$ 71,462,802</u>

* Represents a party-in-interest

The above information has been certified by Fidelity Management Trust Company, the Trustee, as complete and accurate, except for the participant loans.

See accompanying independent auditors' report.

HEARTLAND EXPRESS, INC. OF IOWA 401(k) PLAN

Financial Statements and Supplementary Schedule

December 31, 2017 and 2016

(With Independent Auditors' Report Thereon)

HEARTLAND EXPRESS, INC. OF IOWA 401(k) PLAN

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Trustees

Heartland Express, Inc. of Iowa 401(k) Plan

Report on the financial statements

We were engaged to audit the accompanying financial statements of Heartland Express, Inc. of Iowa 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's responsibility for the financial statements

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 conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note 3, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from this entity as of and for the year ended December 31, 2017, stating that the certified information provided to the Plan administrator is complete and accurate.

Disclaimer of opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Supplementary information

The supplemental schedule of Form 5500, Schedule H, Part Iv, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017, is presented for purposes of additional analysis and is not a required part of the financial statements, but is 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. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Other matter

The financial statements of the Plan as of and for the year ended December 31, 2016 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the certified information. Their report, dated October 19, 2017, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion, and accordingly, they did not express an opinion on the financial statements, and (b) the form and content of the information included in the financial statements, other than that derived from the certified information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on form and content in compliance with DOL rules and regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the certified information described in Note 3, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

GRANT THORNTON LLP

Tulsa, Oklahoma
October 12, 2018

HEARTLAND EXPRESS, INC. OF IOWA 401(k) PLAN

Statements of Net Assets Available for Benefits

December 31, 2017 and 2016

Assets	2017	2016
Investments, at fair value:		
Cash equivalents	\$ 4,870,486	5,521,228
Mutual funds	64,684,651	56,223,257
Collective trust	1,586,919	1,270,492
Total investments	<u>71,142,056</u>	<u>63,014,977</u>
Notes receivable from participants	325,266	659,532
Asset transfer merged plan receivable (Note 11)	31,391,801	—
Employee contributions receivable	70,215	72,279
Employer contributions receivable	<u>890,856</u>	<u>1,677,083</u>
Total contributions receivable	<u>961,071</u>	<u>1,749,362</u>
Net assets available for benefits	<u>\$ 103,820,194</u>	<u>65,423,871</u>

See accompanying notes to financial statements.

HEARTLAND EXPRESS, INC. OF IOWA 401(k) PLAN
Statements of Changes in Net Assets Available for Benefits
Years ended December 31, 2017 and 2016

	<u>2017</u>	<u>2016</u>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 6,006,076	1,133,959
Interest and dividends	<u>3,965,244</u>	<u>1,981,012</u>
	<u>9,971,320</u>	<u>3,114,971</u>
 Interest income on notes receivable from participants	 15,774	 16,657
 Contributions:		
Employer	890,856	1,677,083
Participants	3,708,764	3,058,923
Participant rollovers	<u>155,053</u>	<u>223,664</u>
	<u>4,754,673</u>	<u>4,959,670</u>
 Total additions	 <u>14,741,767</u>	 <u>8,091,298</u>
Deductions:		
Benefits paid to participants	7,707,019	7,139,671
Administrative expenses	<u>30,226</u>	<u>15,733</u>
 Total deductions	 <u>7,737,245</u>	 <u>7,155,404</u>
 Net increase in net assets available for benefits	 7,004,522	 935,894
Transfer from merged plan	31,391,801	29,211,380
Net assets available for benefits:		
Beginning of year	<u>65,423,871</u>	<u>35,276,597</u>
End of year	<u>\$ 103,820,194</u>	<u>65,423,871</u>

See accompanying notes to financial statements.

HEARTLAND EXPRESS, INC. OF IOWA 401(K) PLAN

Notes to Financial Statements and Supplementary Schedule

December 31, 2017 and 2016

(1) Plan Description

The following brief description of Heartland Express, Inc. of Iowa 401(k) Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

(a) General

The Plan is a defined contribution 401(k) plan covering substantially all employees of Heartland Express, Inc. and subsidiaries (the Company) who are not "highly compensated" employees, owner/operators or lease employees, and have completed one year of service and are at least 19 years of age. A year of service is measured as completion of not less than 1,000 hours of service in a 12 consecutive month period. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). Effective July 1, 2016, Highly Compensated Employees (HCE) may participate in the Plan on a limited contribution rate basis of 4%. HCE's are not eligible for employer discretionary profit sharing contributions.

The Plan includes all employees of Gordon Trucking, Inc. (GTI) as of July 1, 2016. GTI was an indirect wholly owned subsidiary of Heartland Express, Inc. that was acquired on November 11, 2013. GTI employees were covered by a separate defined contribution 401(k) plan until July 1, 2016. On July 6, 2017, Heartland Express, Inc. of Iowa, acquired Interstate Distributor Co. (IDC) which became an indirect wholly owned subsidiary of Heartland Express, Inc. IDC employees were covered by a separate defined contribution 401(k) plan through December 31, 2017. See Note 11.

(b) Participant Accounts

Each participant's account is credited with the participant's contribution, an allocation of Plan earnings and an allocation of employer profit sharing or matching contributions as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Participants may direct the investment of their account balances into any combination of the investment options offered by the Plan and may generally also transfer their balances daily among these options.

(c) Contributions

(i) Employee Contributions

Participants may make elective contributions not to exceed the 402(g) limit. Eligible employees who elect to participate in the Plan may contribute up to 60% of their eligible compensation (as defined by the Plan) into the Plan subject to statutory limitations of \$18,000 for 2017 and 2016. A participant who is, or will be, age 50 or older by the end of the year, can make additional catch-up contributions to a limit of \$6,000 in 2017 and 2016.

(ii) Employer Contributions

The Plan had three separate groups of employees, drivers, non-drivers, and Gordon Trucking, Inc. participant employees (GTI Employees) for the period January 1st, 2016 to June 30th, 2016 for 2016 employer contributions. The GTI Employees received 100% of the first 3% of their elective deferral contributions for the period of January 1st, 2016 to June 30th, 2016 and then became part of the respective driver or non-driver group for the period July 1st, 2016 to December 31st, 2016. The Plan had two separate groups of employees, drivers, and non-drivers for 2017.

HEARTLAND EXPRESS, INC. OF IOWA 401(K) PLAN

Notes to Financial Statements and Supplementary Schedule

December 31, 2017 and 2016

The allocation of the discretionary profit sharing contribution for non-driver employees is based on a formula that includes compensation and number of years of service. The matching contribution for driver employees is also discretionary, and was equal to the lesser of 50% of employee deferrals or 100% of the first 3% of eligible compensation with a maximum of \$2,000 in 2017 and 2016. HCE's are not eligible for employer discretionary profit sharing contributions. The Company's matching and profit sharing contributions are made once a year and are invested according to the participant's current investment election for new contributions going into the Plan. Employer contributions totaling \$890,856 for plan year 2017 and \$1,677,083 for plan year 2016 were made into the Plan in April 2018 and March 2017, respectively. Except for cases of retirement or termination due to disability or death, the matching and profit sharing contributions were made only to participants employed on the last working day of December for the respective Plan years.

Employer net cash contributions to the Plan were as follows:

	2017	2016
Discretionary matching to drivers	\$ 919,051	802,260
Discretionary profit sharing to nondrivers	321,805	462,226
Discretionary match to GTI Employees	—	752,597
	<u>1,240,856</u>	<u>2,017,083</u>
Forfeitures applied	<u>(350,000)</u>	<u>(340,000)</u>
	<u>\$ 890,856</u>	<u>1,677,083</u>

(iii) Rollover Contributions

The Plan allows for rollover contributions to be made to the Plan by eligible participants. These rollover contributions are eligible distributions from other tax-qualified plans or individual retirement accounts or annuities that participants elect to have invested in the Plan by a direct rollover to the Plan.

(d) Forfeited Accounts

Forfeitures of nonvested participant accounts are used to reduce the employer-matching and discretionary profit-sharing contributions. During the years ended December 31, 2017 and 2016, forfeitures of \$350,000 and \$340,000, respectively, were used to reduce the employer contributions.

(e) Administrative Expenses

Administrative expenses for the Plan are paid 50% by the Plan and 50% by the Company. Administrative expenses include investment fees paid to Fidelity Management Trust Company. Accounting and legal fees of \$16,792 and \$13,080 were paid by Heartland Express, Inc. on behalf of the Plan during the years ended December 31, 2017 and 2016, respectively.

(f) Payment of Benefits

In the event of termination of employment, the payment of participant elective deferrals and vested employer contributions are payable on or after the date of termination. The Plan provides for mandatory cash out or rollover distributions on balances of \$5,000 or less associated with plan participants who are no longer employees of the Company. Balances of nonemployee participants with account balances less than \$1,000 will be paid directly to the participant absent any direction to roll the balance into another account. Balances of nonemployee participants with account balances in excess of \$1,000 and less than

HEARTLAND EXPRESS, INC. OF IOWA 401(K) PLAN

Notes to Financial Statements and Supplementary Schedule

December 31, 2017 and 2016

\$5,000 will be rolled over into an IRA for the benefit of the participant. In each case of mandatory cash out provision, the assets are distributed from the Plan and are no longer part of the Plan's assets.

Upon obtaining retirement age of 65 for Heartland Express legacy employees or age of 55 for GTI legacy employees, death, or disability, participants receive the amount credited to their accounts. In the event of termination of employment, disability or retirement, the participant will receive a lump-sum amount. In the event of death, the beneficiary may elect to receive a lump sum or equal installments over a period of time.

(g) Vesting

Participants are immediately vested in their elective contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. For employer profit sharing and employer matching contributions, participants become 20% vested after two years of continuous service, 40% after three years, 60% after four years and 100% after five years or upon disability, death or retirement.

(h) Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Notes receivable from participants were transferred in from the Gordon Trucking, Inc. Retirement Plan and Trust ("GTI Plan") on July 1, 2016 and the Interstate Distributor Co. 401(k) Plan on December 31, 2017, however new participant loans are not allowed under the Plan.

(2) Significant Accounting Policies

(a) Basis of Accounting

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

(b) Accounting Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management of the Plan to make estimates and assumptions that affect the reported amount of assets, liabilities, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(c) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

(d) Investment Valuation and Investment Income

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

HEARTLAND EXPRESS, INC. OF IOWA 401(K) PLAN

Notes to Financial Statements and Supplementary Schedule

December 31, 2017 and 2016

Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Purchases and sales of securities are recorded on trade-date basis. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(e) Payment of Benefits

Benefits payments to participants are recorded upon distribution.

(3) Information Certified and Provided by Fidelity Management Trust Company

The following is a summary of the investment information as of and for the years ended December 31, 2017 and 2016, included throughout the Plan's financial statements and supplemental schedule, that was prepared by or derived from information provided by Fidelity Management Trust Company, the trustee, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that the information provided to the Plan Administrator by the trustee related to the following investments is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information that appears throughout the financial statements and supplemental schedule related to the following investments:

	December 31	
	2017	2016
Investments at fair value:		
Cash equivalents	\$ 4,870,486	5,521,228
Mutual funds	64,684,651	56,223,257
Collective trusts	1,586,919	1,270,492
	<u>\$ 71,142,056</u>	<u>63,014,977</u>

Fidelity Management Trust Company has certified to the completeness and accuracy of the net appreciation in fair value of investments and interest and dividends related to the aforementioned investments for the years ended December 31, 2017 and 2016.

(4) Fair Value Measurements

The authoritative accounting guidance on fair value measurements establishes 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 the authoritative guidance are described below:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

HEARTLAND EXPRESS, INC. OF IOWA 401(K) PLAN

Notes to Financial Statements and Supplementary Schedule

December 31, 2017 and 2016

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2017 and 2016.

Fair values of investments in cash equivalents are stated at net asset value, which equals fair value. Fair values of investments in mutual funds are determined daily based on the unadjusted closing net asset value of each fund as derived from a national exchange. Fair values of investments in collective trusts are based on net asset value per share.

The methods described above may produce a fair value that is not indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2017 and 2016:

		2017			
		Total	Level 1	Level 2	Level 3
Cash equivalents fund	\$	4,870,486	4,870,486	—	—
Mutual funds		64,684,651	64,684,651	—	—
Collective trusts		1,586,919	—	1,586,919	—
Total assets at fair value	\$	71,142,056	69,555,137	1,586,919	—

		2016			
		Total	Level 1	Level 2	Level 3
Cash equivalents fund	\$	5,521,228	5,521,228	—	—
Mutual funds		56,223,257	56,223,257	—	—
Collective trusts		1,270,492	—	1,270,492	—
Total assets at fair value	\$	63,014,977	61,744,485	1,270,492	—

(5) Investment Contracts

The Plan offers an investment in the Fidelity Managed Income Portfolio Fund, an investment contract with Fidelity Investments. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The Plan has no further contractual obligations to further invest in the funds.

HEARTLAND EXPRESS, INC. OF IOWA 401(K) PLAN

Notes to Financial Statements and Supplementary Schedule

December 31, 2017 and 2016

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value, subject to certain restrictions. Such restrictions include the following: (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA, or (3) changes in law, regulation, ruling, administrative or judicial position, or accounting requirements. The Plan administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

(6) Party-In-Interest Transactions

A number of mutual funds, collective trust fund, and the money market fund, are managed by Fidelity Management Trust Company. Fidelity is a custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Transactions resulting in plan assets being transferred to or used by a related party are prohibited under ERISA unless a specific exemption applies. These party-in-interest transactions are exempt and are not prohibited by ERISA.

(7) Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts, including employer contributions.

(8) Income Tax Status

The Internal Revenue Service has issued a determination letter dated May 16, 2011, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and therefore believes that the Plan is qualified and the related trust is tax-exempt.

U.S. generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability 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, 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability 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 2014.

(9) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>2017</u>	<u>2016</u>
Net assets available for benefits per the financial statements	\$ 103,820,194	65,423,871
Adjustment from fair value to current value of investments	<u>(4,520)</u>	<u>3,127</u>
Net assets available for benefits per Form 5500	<u>\$ 103,815,674</u>	<u>65,426,998</u>

HEARTLAND EXPRESS, INC. OF IOWA 401(K) PLAN

Notes to Financial Statements and Supplementary Schedule

December 31, 2017 and 2016

The following is a reconciliation of net increase in net assets available for benefits per the financial statements to the Form 5500:

	<u>2017</u>	<u>2016</u>
Net increase in net assets available for benefits per the financial statements	\$ 7,004,522	935,894
Plus (Less) end of year adjustments from fair value to current value of investments	(4,520)	3,127
(Less) beginning of year adjustments from fair value to current value of investments	<u>(3,127)</u>	<u>(9,663)</u>
Net increase per Form 5500	<u>\$ 6,996,875</u>	<u>929,358</u>

(10) Plan Amendments

Effective July 1, 2016, the Plan was amended. The amendment allows highly compensated employees to participate in the Plan upon meeting all other eligibility criteria. The amendment also added a Roth contribution election option.

Effective July 1, 2016, the GTI Plan was merged into the Heartland Express, Inc. of Iowa 401(k) Plan and operates as one combined retirement plan covering all eligible employees of Heartland Express, Inc. and subsidiaries, including Gordon Trucking, Inc. on a go-forward basis. The GTI Plan had assets of approximately \$29,211,000 as of June 30, 2016.

Effective January 1, 2017, the Plan changed the default fund from the Fidelity Retirement Money Market Fund to the Fidelity Freedom funds (age appropriate). The Plan introduced Wells Fargo Special Small Cap Value Fund – Class Admin as a new investment available to Plan participants effective March 1, 2017. Also effective March 1, 2017, the Plan discontinued offering the RS Partners Fund Class A and any balance that was in this fund upon the effective date was transferred to the Wells Fargo Special Small Cap Value Fund – Class Admin.

In December of 2017, the Plan was amended to merge the Interstate Distributor Co. 401(k) Profit Sharing Plan and Trust (IDC Plan), into the Heartland Express, Inc. of Iowa 401(k) Plan and to operate them as one combined retirement plan covering all eligible employees of Heartland Express, Inc. and subsidiaries, including Interstate Distributor Co. on a go-forward basis.

(11) Merged Plan Assets

The GTI Plan was merged into the Plan on July 1, 2016 and operates as one combined retirement plan covering all eligible employees of Heartland Express, Inc. and subsidiaries, including GTI on a go-forward basis. The GTI Plan had assets of approximately \$29,211,000 as of July 1, 2016.

As of December 31, 2017, the IDC Plan was merged into the Plan and operates as one combined retirement plan covering all eligible employees of Heartland Express, Inc. and subsidiaries, including Interstate Distributor Co. on a go-forward basis. The IDC Plan had assets of approximately \$31,392,000 as of December 31, 2017, which was recorded as a receivable at the end of the Company's plan year, December 31, 2017. The IDC Plan assets were transferred on January 2, 2018.

HEARTLAND EXPRESS, INC. OF IOWA 401(K) PLAN

Notes to Financial Statements and Supplementary Schedule

December 31, 2017 and 2016

	<u>12/31/2017</u>	<u>7/1/2016</u>
Net assets available for benefits		
Investments tranferred from merged plan at fair value	\$ 30,396,541	28,165,132
Loans	822,229	1,046,248
Employee contributions receivable	47,442	—
Employer contributions receivables	125,589	—
Net assets transferred from merged plan	<u>\$ 31,391,801</u>	<u>29,211,380</u>

(12) Subsequent Events

The Company evaluated the Plan's 2017 financial statements for subsequent events through October 12 , 2018, the date the financial statements were available to be issued. The Company is not aware of any additional subsequent events that would require recognition or disclosure in the Plan's financial statements.

HEARTLAND EXPRESS, INC. OF IOWA 401(k) PLAN

Form 5500, Schedule H, Part IV, Line 4i –
Schedule of Assets (Held at End of Year)

December 31, 2017

Description	Current value
Cash and cash equivalents:	
Fidelity Retirement Money Market Fund *	\$ 4,870,486
Mutual funds:	
Fidelity Capital Appreciation Fund *	3,399,007
Fidelity Low-Priced Stock Fund *	2,913,851
Fidelity Diversified International Fund *	5,538,388
Fidelity Dividend Growth Fund *	2,832,122
Fidelity Freedom Income Fund *	173,141
Fidelity Freedom 2005 Fund *	319,567
Fidelity Freedom 2010 Fund *	1,126,523
Fidelity Freedom 2015 Fund *	1,103,157
Fidelity Freedom 2020 Fund *	5,442,253
Fidelity Freedom 2025 Fund *	4,038,977
Fidelity Freedom 2030 Fund *	5,076,557
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JPMorgan U.S. Small Company Fund Institutional	1,067,283
PIMCO Total Return Fund	3,674,433
Invesco Diversified Dividend Fund, R5	5,845,378
Wells Fargo SPL Small Cap Valuation ADM	1,608,066
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	<u>\$ 71,462,802</u>

* Represents a party-in-interest

The above information has been certified by Fidelity Management Trust Company, the Trustee, as complete and accurate, except for the participant loans.

See accompanying independent auditors' report.