

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: 1.2em; font-weight: bold;">2020</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2020 or fiscal plan year beginning <u>01/01/2020</u> and ending <u>12/31/2020</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>HEARTLAND EXPRESS, INC. OF IOWA 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1991</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1991</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 HEARTLAND WAY</u> <u>NORTH LIBERTY, IA 52317</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>42-0758403</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>319-626-3600</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>484120</u></td> </tr> </table>	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>	
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.	10/13/2021	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 (2020)
v. 200204

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
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	4889
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.....		6a(1)	2720
a(2) Total number of active participants at the end of the plan year		6a(2)	2622
b Retired or separated participants receiving benefits.....		6b	5
c Other retired or separated participants entitled to future benefits		6c	2185
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	4812
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	16
f Total. Add lines 6d and 6e		6f	4828
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	3443
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	24
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	
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) ☐ <u>0</u> 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 2020 Form M-1 annual report. If the plan was not required to file the 2020 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
		2020
		This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
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
04-2647786

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

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

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

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	53631	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAPTRUST

26-0058143

(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	INVESTMENT ADVISOR	24450	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAPTRUST

26-0058143

(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	INVESTMENT ADVISOR	24450	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)

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	3025	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 ☐

(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.	
BLK RK MIDCAP GRTH IS - BNY MELLON P.O. BOX 9793 PROVIDENCE, RI 02940	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 219104 KANSAS CITY, MO 64121-9104	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.
COL ST BOND I - COLUMBIA MGT INVES PO BOX 219104 KANSAS CITY, MO 64121-9104	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.
GS SM CAP VALUE INV - GOLDMAN SACH 13-5108880	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.
INVS DIVRS DIVD R5 - INVESCO INVES 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	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.
JPM EQUITY INCOME R4 - DST ASSET M 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	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.
JPM US SMALL CO L - DST ASSET MANA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.15%

(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.
LOOMIS SM CP GRTH IS - DST ASSET M 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.15%

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.	
MS W LARGE CAP GR R1 - NYLIM SERVI 52-2206685	0.35%	
(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.	
PGIM TOTAL RTN BD R4 - PRUDENTIAL 22-3703799	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.	
PIMCO TOT RETURN ADM - DST ASSET M 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.25%	

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.	
VRTS C MDCP VAL EQ I - VIRTUS FUND 4400 COMPUTER DRIVE WESTBOROUGH, MA 01581-1722	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 - DST ASSET MA 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.35%	
(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 - DST ASSET M 430 W 7TH STREET STE 219432 KANSAS CITY, MO 64105	0.35%	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) <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.	<small>OMB No. 1210-0110</small> 2020 This Form is Open to Public Inspection
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For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash.....	1a	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	1490177	1446234
	(2) Participant contributions.....	1b(2)	0	77173
	(3) Other	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4543605	4905334
	(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)	192428	81819
	(9) Value of interest in common/collective trusts	1c(9)	1962336	2811605
	(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)	95281891	103564511
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
	(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	103470437	112886676

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	103470437	112886676
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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)	1546859	
(B) Participants	2a(1)(B)	4668289	
(C) Others (including rollovers).....	2a(1)(C)	306282	
(2) Noncash contributions	2a(2)	0	6521430
(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)	11934	
(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)	6241	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		18175
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	0	4212067
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4212067	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4212067
(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)		107969
(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)		10236109
c Other income	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		21095750

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	11573955	
(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)		11573955
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
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)	53631	
(4) Other.....	2i(4)	51925	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		105556
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11679511

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9416239
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

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) ☐ Unmodified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	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?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	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.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?	X		2238
4l	X		2238
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n		X	
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ 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)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.			

<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>2020</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020		
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) 2020 v. 200204		

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

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): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

Financial Statements and Report of
Independent Certified Public
Accountants

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

December 31, 2020 and 2019

Contents

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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, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, 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 years ended December 31, 2020 and 2019, 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 assets (held at end of year) as of December 31, 2020 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.

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.



Oklahoma City, Oklahoma
October 13, 2021

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
ASSETS		
Investments, at fair value:		
Cash equivalents	\$ 4,905,334	\$ 4,543,605
Mutual funds	103,564,511	95,281,891
Collective trust	<u>2,811,605</u>	<u>1,962,336</u>
Total investments	<u>111,281,450</u>	<u>101,787,832</u>
Notes receivable from participants	81,819	192,428
Employee contributions receivable	77,173	-
Employer contributions receivable	<u>1,446,234</u>	<u>1,490,177</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 112,886,676</u></u>	<u><u>\$ 103,470,437</u></u>

The accompanying notes are an integral part of these financial statements.

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 10,344,078	\$ 13,281,923
Interest and dividends	<u>4,224,002</u>	<u>5,513,972</u>
Net investment income	<u>14,568,080</u>	<u>18,795,895</u>
Interest income on notes receivable from participants	6,241	14,688
Contributions:		
Employer	1,546,859	1,497,349
Participants	4,668,289	4,807,196
Participant rollovers	<u>306,282</u>	<u>58,141</u>
Total contributions	<u>6,521,430</u>	<u>6,362,686</u>
Total additions	<u>21,095,751</u>	<u>25,173,269</u>
Deductions:		
Benefits paid to participants	11,573,955	11,246,010
Administrative expenses	<u>105,556</u>	<u>66,346</u>
Total deductions	<u>11,679,511</u>	<u>11,312,356</u>
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	9,416,239	13,860,913
Net assets available for benefits:		
Beginning of year	<u>103,470,437</u>	<u>89,609,524</u>
End of year	<u><u>\$ 112,886,676</u></u>	<u><u>\$ 103,470,437</u></u>

The accompanying notes are an integral part of these financial statements.

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

NOTES TO FINANCIAL STATEMENTS

December 31, 2020 and 2019

NOTE 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.

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 owner/operators or leased 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). Highly Compensated Employees (HCE's) may participate in the Plan on a limited contribution-rate basis of 4%. HCE's are not eligible for employer discretionary profit sharing contributions.

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.

Contributions

Employee Contributions

Participants may make elective contributions not to exceed the 402(g) limit. HCE's are further limited to a contribution deferral percentage of 4% of eligible compensation (as defined by the Plan). 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 \$19,500 and \$19,000 for 2020 and 2019, respectively. 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 \$6,500 and \$6,000 in 2020 and 2019, excluding HCE's as defined by the Plan.

Employer Contributions

The Plan has two separate groups of employees, drivers and non-drivers. Non-drivers are eligible for a discretionary profit sharing contribution and drivers are eligible for a discretionary matching contribution. The allocation of the discretionary profit sharing contribution for non-driver employees is based on a formula that includes eligible compensation and number of years of service. The matching contribution for driver employees is equal to 100% of the first 3% of eligible compensation with a maximum of \$2,000 in 2020 and 2019. HCE's are not eligible for employer discretionary profit sharing contributions.

The Company's discretionary 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 \$1,446,234 for plan year 2020 and \$1,490,177 for plan year 2019 were made into the Plan in April 2021 and April 2020, 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.

Heartland Express, Inc. of Iowa 401(K) Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2020 and 2019

Employer net cash contributions to the Plan were as follows:

	2020	2019
Discretionary matching to drivers	\$ 1,021,008	\$ 1,111,736
Discretionary profit sharing to nondrivers	530,226	488,441
	1,551,234	1,600,177
Forfeitures applied	(105,000)	(110,000)
	<u>\$ 1,446,234</u>	<u>\$ 1,490,177</u>

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.

Forfeited Accounts

Forfeitures of nonvested participant accounts are used to reduce the discretionary employer matching and profit sharing contributions. During the years ended December 31, 2020 and 2019, forfeitures of \$105,000 and \$110,000, respectively, were used to reduce the employer contributions. The forfeiture account balance was \$69,837 and \$83,291 as of December 31, 2020 and 2019, respectively.

Administrative Expenses

Administrative expenses, excluding accounting and legal fees, for the Plan are paid 100% by the Plan. Administrative expenses include fees paid to Fidelity Management Trust Company, the Plan trustee, and other plan advisory services. Accounting and legal fees of \$12,628 and \$15,278 were paid by the Company on behalf of the Plan during the years ended December 31, 2020 and 2019, respectively. The expenses paid by the Company are excluded from these financial statements.

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 \$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.

Participants will receive the amount credited to their account upon obtaining retirement age of 65 for Heartland Express and Interstate Distributor Co. (IDC) legacy employees or age of 55 for Gordon Trucking, Inc. (GTI) legacy employees, death, or disability. 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.

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

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2020 and 2019

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.

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. No allowance for credit losses has been recorded as of December 31, 2020 and 2019.

Notes receivable from participants were transferred in from the Gordon Trucking, Inc. Retirement Plan and Trust (GTI Plan) on July 1, 2016 and the IDC 401(k) Plan on January 1, 2018, however new participant loans are not allowed under the Plan.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Accounting Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) 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.

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 statements of net assets available for benefits.

Investment Valuation and Investment Income

Mutual fund investments and the money market fund 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.

Collective trust investments are recorded at the daily net asset value (NAV). The NAV, as provided by the trustee, is used as the practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

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

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2020 and 2019

See Note 4 for discussion of fair value measurements.

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 in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

NOTE 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, 2020 and 2019, 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,	
	2020	2019
Investments, at fair value:		
Money market fund	\$ 4,905,334	\$ 4,543,605
Mutual funds	103,564,511	95,281,891
Collective trusts	2,811,605	1,962,336
	<u>\$ 111,281,450</u>	<u>\$ 101,787,832</u>
Notes receivable from participants	<u>\$ 81,819</u>	<u>\$ 192,428</u>

Fidelity Management Trust Company has certified to the completeness and accuracy of the net appreciation in fair value of investments, interest and dividends and interest income on notes receivable related to the aforementioned investments for the years ended December 31, 2020 and 2019.

NOTE 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.

Heartland Express, Inc. of Iowa 401(K) Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2020 and 2019

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; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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, 2020 and 2019.

Money market fund: Investments in money market securities determined by the investment advisor to present minimal credit risk maintain a constant \$1.00 share price where cost equals fair value.

Mutual funds: Valued at the published market prices which represent the NAV of shares held by the Plan at year end.

Collective trust funds: Valued at the daily NAV of units of a collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

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.

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

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2020 and 2019

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2020 and 2019:

		2020			
		Total	Level 1	Level 2	Level 3
Money market fund		\$ 4,905,334	\$ 4,905,334	\$ -	\$ -
Mutual funds		103,564,511	103,564,511	-	-
Total assets in the fair value hierarchy		108,469,845	<u>\$ 108,469,845</u>	<u>\$ -</u>	<u>\$ -</u>
Investments, measured at NAV ^(a)		<u>2,811,605</u>			
Total investments at fair value		<u>\$111,281,450</u>			

		2019			
		Total	Level 1	Level 2	Level 3
Money market fund		\$ 4,543,605	\$ 4,543,605	\$ -	\$ -
Mutual funds		95,281,891	95,281,891	-	-
Total assets in the fair value hierarchy		99,825,496	<u>\$ 99,825,496</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at NAV ^(a)		<u>1,962,336</u>			
Total investments, at fair value		<u>\$101,787,832</u>			

^(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following tables summarize investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2020 and 2019, respectively:

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trusts	\$ 2,811,605	None	Daily	None

December 31, 2019	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trusts	\$ 1,962,336	None	Daily	None

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

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2020 and 2019

NOTE 5 - INVESTMENT CONTRACTS

The Plan offers an investment in the Fidelity Managed Income Portfolio Fund, an investment contract with Fidelity Investments, Inc. This contract meets the indirect fully benefit-responsive investment contract criteria and therefore is reported at NAV. 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.

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.

NOTE 6 - RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

A number of mutual funds, collective trust fund, and the money market fund, are managed by Fidelity Investments, Inc., an affiliate of the trustee. 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.

NOTE 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.

NOTE 8 - INCOME TAX STATUS

The Internal Revenue Service (IRS) has issued an opinion letter dated March 31, 2014, 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. GAAP requires 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 IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, 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 and governmental oversight authorities. Other than an audit being conducted by the Employee Benefits Security Administration of the U.S. Department of Labor for the Plan years 2018-2019, there are no other audits for any tax periods in progress.

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

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2020 and 2019

NOTE 9 - PLAN AMENDMENTS

On March 27, 2020, the Coronavirus Aid, Relief and Economic Security Act (CARES Act) was signed into law. Plans were permitted to adopt these provisions immediately provided the Plan document is retroactively amended on or before December 31, 2022. Plan management elected to adopt the following provisions:

- On or after April 17, 2020 and before December 31, 2020, any qualified individual, as defined in the CARES Act, was permitted to request a distribution from his or her vested account in the Plan, up to a maximum of \$100,000. Active employees who receive a coronavirus-related distribution from the Plan may repay all or any portion of the distribution to the Plan within the three-year period beginning on the date after distribution.

Effective April 15, 2020, the Plan modified the Permissible Investment Options. The Plan introduced Fidelity U.S. Bond Index Fund, Fidelity Emerging Markets Fund, Fidelity 500 Index Fund, Fidelity Freedom 2065 Fund, Virtus Ceredex Mid-Cap Value Equity Fund, BlackRock Mid-Cap Growth Equity Portfolio Institutional, Goldman Sachs Small Cap Value Fund, Fidelity Extended Market Index Fund, Fidelity Total International Index Fund, JPMorgan Equity Income Fund, PGIM Total Return Bond Fund, and Loomis Sayles Small Cap Growth Fund.

Also effective on April 15, 2020, the Plan discontinued offering the Fidelity Capital Appreciation Fund, Fidelity Low-Priced Stock Fund, Fidelity Dividend Growth Fund, Columbia Mid-Cap Growth Fund, Columbia Short-Term Bond Fund, RidgeWorth Mid-Cap Value Equity Fund, American Century Infl-Adj Bond Fund, Wells Fargo Advantage Emerging Markets Equity Fund, JPMorgan U.S. Small Company Fund Institutional, PIMCO Total Return Fund, Invesco Diversified Dividend Fund, Wells Fargo SPL Small Cap Valuation ADM Fund, and Fidelity Total Market IDX Fund. Any balance that was in these funds upon the effective date was transferred to newly introduced funds or existing funds that were of similar investment nature.

Effective January 1, 2019, the Plan changed and clarified the definition of eligible plan compensation and its exclusions.

NOTE 10 - SUBSEQUENT EVENTS

The Company evaluated the Plan's 2020 financial statements for subsequent events through October 13, 2021, the date the financial statements were available to be issued.

On September 14, 2021, HCE's limited basis contribution limit was increased from 4% to 5% of eligible wages. The increase in contribution rates for HCE's will become effective on January 1, 2022.

Effective September 15, 2021 and October 1, 2021, the Plan was amended to modify certain administrative functions.

The Company is not aware of any additional subsequent events that would require recognition or disclosure in the Plan's financial statements.

SUPPLEMENTAL INFORMATION

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

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

EIN # 42-0758403, Plan # 001

December 31, 2020

Description	Cost	Current Value
Cash and cash equivalents:		
Fidelity Retirement Money Market Fund *	**	\$ 4,905,334
Mutual funds:		
Fidelity Diversified International Fund *	**	5,731,615
Fidelity Freedom Income Fund *	**	574,194
Fidelity Freedom 2005 Fund *	**	539,839
Fidelity Freedom 2010 Fund *	**	1,543,861
Fidelity Freedom 2015 Fund *	**	1,529,371
Fidelity Freedom 2020 Fund *	**	8,631,250
Fidelity Freedom 2025 Fund *	**	12,993,809
Fidelity Freedom 2030 Fund *	**	13,221,663
Fidelity Freedom 2035 Fund *	**	6,132,384
Fidelity Freedom 2040 Fund *	**	4,681,230
Fidelity Freedom 2045 Fund *	**	2,413,811
Fidelity Freedom 2050 Fund *	**	1,055,870
Fidelity Freedom 2055 Fund *	**	598,234
Fidelity Freedom 2060 Fund *	**	96,848
Fidelity Freedom 2065 Fund *	**	407
Fidelity Emerging Markets Fund *		2,091,127
Fidelity US Bond Fund *		2,788,144
Fidelity 500 Index Fund *		9,316,246
Fidelity Extended Market Index Fund *		2,254,475
Fidelity Total International Index Fund *		2,275
Virtus Ceredex MidCap Value Equity Fund	**	3,449,576
MainStay LargeCap Growth R1 Fund	**	8,901,688
PGIM Total Return Bond Fund	**	2,281,644
Goldman Sachs Small Cap Value Fund		1,001,795
BlackRock MidCap Growth Equity Portfolio Institutional Fund		5,609,019
Loomis Sayles SmallCap Growth Fund		272,678
JPMorganEquity Income Fund		5,851,460
Collective trusts:		
Fidelity Managed Income Portfolio Fund *	**	2,811,605
Participant loans 3.25% to 7.75% due through January 2026 *		81,819
		<u>\$ 111,363,269</u>

* Represents a party-in-interest

** Not applicable for participant-directed funds.

The above information has been certified by Fidelity Management Trust Company, the trustee, as complete and accurate.

Financial Statements and Report of
Independent Certified Public
Accountants

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

December 31, 2020 and 2019

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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, 2020 and 2019, and the related statements of changes in net assets available for benefits for the years then ended, 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 years ended December 31, 2020 and 2019, 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 assets (held at end of year) as of December 31, 2020 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.

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.



Oklahoma City, Oklahoma
October 13, 2021

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

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
ASSETS		
Investments, at fair value:		
Cash equivalents	\$ 4,905,334	\$ 4,543,605
Mutual funds	103,564,511	95,281,891
Collective trust	<u>2,811,605</u>	<u>1,962,336</u>
Total investments	<u>111,281,450</u>	<u>101,787,832</u>
Notes receivable from participants	81,819	192,428
Employee contributions receivable	77,173	-
Employer contributions receivable	<u>1,446,234</u>	<u>1,490,177</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 112,886,676</u></u>	<u><u>\$ 103,470,437</u></u>

The accompanying notes are an integral part of these financial statements.

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

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended December 31, 2020 and 2019

	<u>2020</u>	<u>2019</u>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 10,344,078	\$ 13,281,923
Interest and dividends	<u>4,224,002</u>	<u>5,513,972</u>
Net investment income	<u>14,568,080</u>	<u>18,795,895</u>
Interest income on notes receivable from participants	6,241	14,688
Contributions:		
Employer	1,546,859	1,497,349
Participants	4,668,289	4,807,196
Participant rollovers	<u>306,282</u>	<u>58,141</u>
Total contributions	<u>6,521,430</u>	<u>6,362,686</u>
Total additions	<u>21,095,751</u>	<u>25,173,269</u>
Deductions:		
Benefits paid to participants	11,573,955	11,246,010
Administrative expenses	<u>105,556</u>	<u>66,346</u>
Total deductions	<u>11,679,511</u>	<u>11,312,356</u>
NET INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	9,416,239	13,860,913
Net assets available for benefits:		
Beginning of year	<u>103,470,437</u>	<u>89,609,524</u>
End of year	<u><u>\$ 112,886,676</u></u>	<u><u>\$ 103,470,437</u></u>

The accompanying notes are an integral part of these financial statements.

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

NOTES TO FINANCIAL STATEMENTS

December 31, 2020 and 2019

NOTE 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.

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 owner/operators or leased 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). Highly Compensated Employees (HCE's) may participate in the Plan on a limited contribution-rate basis of 4%. HCE's are not eligible for employer discretionary profit sharing contributions.

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.

Contributions

Employee Contributions

Participants may make elective contributions not to exceed the 402(g) limit. HCE's are further limited to a contribution deferral percentage of 4% of eligible compensation (as defined by the Plan). 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 \$19,500 and \$19,000 for 2020 and 2019, respectively. 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 \$6,500 and \$6,000 in 2020 and 2019, excluding HCE's as defined by the Plan.

Employer Contributions

The Plan has two separate groups of employees, drivers and non-drivers. Non-drivers are eligible for a discretionary profit sharing contribution and drivers are eligible for a discretionary matching contribution. The allocation of the discretionary profit sharing contribution for non-driver employees is based on a formula that includes eligible compensation and number of years of service. The matching contribution for driver employees is equal to 100% of the first 3% of eligible compensation with a maximum of \$2,000 in 2020 and 2019. HCE's are not eligible for employer discretionary profit sharing contributions.

The Company's discretionary 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 \$1,446,234 for plan year 2020 and \$1,490,177 for plan year 2019 were made into the Plan in April 2021 and April 2020, 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.

Heartland Express, Inc. of Iowa 401(K) Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2020 and 2019

Employer net cash contributions to the Plan were as follows:

	2020	2019
Discretionary matching to drivers	\$ 1,021,008	\$ 1,111,736
Discretionary profit sharing to nondrivers	530,226	488,441
	1,551,234	1,600,177
Forfeitures applied	(105,000)	(110,000)
	<u>\$ 1,446,234</u>	<u>\$ 1,490,177</u>

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.

Forfeited Accounts

Forfeitures of nonvested participant accounts are used to reduce the discretionary employer matching and profit sharing contributions. During the years ended December 31, 2020 and 2019, forfeitures of \$105,000 and \$110,000, respectively, were used to reduce the employer contributions. The forfeiture account balance was \$69,837 and \$83,291 as of December 31, 2020 and 2019, respectively.

Administrative Expenses

Administrative expenses, excluding accounting and legal fees, for the Plan are paid 100% by the Plan. Administrative expenses include fees paid to Fidelity Management Trust Company, the Plan trustee, and other plan advisory services. Accounting and legal fees of \$12,628 and \$15,278 were paid by the Company on behalf of the Plan during the years ended December 31, 2020 and 2019, respectively. The expenses paid by the Company are excluded from these financial statements.

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 \$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.

Participants will receive the amount credited to their account upon obtaining retirement age of 65 for Heartland Express and Interstate Distributor Co. (IDC) legacy employees or age of 55 for Gordon Trucking, Inc. (GTI) legacy employees, death, or disability. 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.

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

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2020 and 2019

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.

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. No allowance for credit losses has been recorded as of December 31, 2020 and 2019.

Notes receivable from participants were transferred in from the Gordon Trucking, Inc. Retirement Plan and Trust (GTI Plan) on July 1, 2016 and the IDC 401(k) Plan on January 1, 2018, however new participant loans are not allowed under the Plan.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Accounting Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (U.S. GAAP) 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.

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 statements of net assets available for benefits.

Investment Valuation and Investment Income

Mutual fund investments and the money market fund 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.

Collective trust investments are recorded at the daily net asset value (NAV). The NAV, as provided by the trustee, is used as the practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

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

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2020 and 2019

See Note 4 for discussion of fair value measurements.

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 in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

NOTE 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, 2020 and 2019, 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,	
	2020	2019
Investments, at fair value:		
Money market fund	\$ 4,905,334	\$ 4,543,605
Mutual funds	103,564,511	95,281,891
Collective trusts	2,811,605	1,962,336
	<u>\$ 111,281,450</u>	<u>\$ 101,787,832</u>
Notes receivable from participants	<u>\$ 81,819</u>	<u>\$ 192,428</u>

Fidelity Management Trust Company has certified to the completeness and accuracy of the net appreciation in fair value of investments, interest and dividends and interest income on notes receivable related to the aforementioned investments for the years ended December 31, 2020 and 2019.

NOTE 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.

Heartland Express, Inc. of Iowa 401(K) Plan
NOTES TO FINANCIAL STATEMENTS - CONTINUED
December 31, 2020 and 2019

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; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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, 2020 and 2019.

Money market fund: Investments in money market securities determined by the investment advisor to present minimal credit risk maintain a constant \$1.00 share price where cost equals fair value.

Mutual funds: Valued at the published market prices which represent the NAV of shares held by the Plan at year end.

Collective trust funds: Valued at the daily NAV of units of a collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities.

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.

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

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2020 and 2019

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2020 and 2019:

		2020			
		Total	Level 1	Level 2	Level 3
Money market fund		\$ 4,905,334	\$ 4,905,334	\$ -	\$ -
Mutual funds		103,564,511	103,564,511	-	-
Total assets in the fair value hierarchy		108,469,845	<u>\$ 108,469,845</u>	<u>\$ -</u>	<u>\$ -</u>
Investments, measured at NAV ^(a)		<u>2,811,605</u>			
Total investments at fair value		<u>\$111,281,450</u>			

		2019			
		Total	Level 1	Level 2	Level 3
Money market fund		\$ 4,543,605	\$ 4,543,605	\$ -	\$ -
Mutual funds		95,281,891	95,281,891	-	-
Total assets in the fair value hierarchy		99,825,496	<u>\$ 99,825,496</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at NAV ^(a)		<u>1,962,336</u>			
Total investments, at fair value		<u>\$101,787,832</u>			

^(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following tables summarize investments for which fair value is measured using the NAV per share practical expedient as of December 31, 2020 and 2019, respectively:

December 31, 2020	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trusts	\$ 2,811,605	None	Daily	None

December 31, 2019	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Collective trusts	\$ 1,962,336	None	Daily	None

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

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2020 and 2019

NOTE 5 - INVESTMENT CONTRACTS

The Plan offers an investment in the Fidelity Managed Income Portfolio Fund, an investment contract with Fidelity Investments, Inc. This contract meets the indirect fully benefit-responsive investment contract criteria and therefore is reported at NAV. 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.

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.

NOTE 6 - RELATED-PARTY AND PARTY-IN-INTEREST TRANSACTIONS

A number of mutual funds, collective trust fund, and the money market fund, are managed by Fidelity Investments, Inc., an affiliate of the trustee. 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.

NOTE 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.

NOTE 8 - INCOME TAX STATUS

The Internal Revenue Service (IRS) has issued an opinion letter dated March 31, 2014, 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. GAAP requires 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 IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2020 and 2019, 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 and governmental oversight authorities. Other than an audit being conducted by the Employee Benefits Security Administration of the U.S. Department of Labor for the Plan years 2018-2019, there are no other audits for any tax periods in progress.

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

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2020 and 2019

NOTE 9 - PLAN AMENDMENTS

On March 27, 2020, the Coronavirus Aid, Relief and Economic Security Act (CARES Act) was signed into law. Plans were permitted to adopt these provisions immediately provided the Plan document is retroactively amended on or before December 31, 2022. Plan management elected to adopt the following provisions:

- On or after April 17, 2020 and before December 31, 2020, any qualified individual, as defined in the CARES Act, was permitted to request a distribution from his or her vested account in the Plan, up to a maximum of \$100,000. Active employees who receive a coronavirus-related distribution from the Plan may repay all or any portion of the distribution to the Plan within the three-year period beginning on the date after distribution.

Effective April 15, 2020, the Plan modified the Permissible Investment Options. The Plan introduced Fidelity U.S. Bond Index Fund, Fidelity Emerging Markets Fund, Fidelity 500 Index Fund, Fidelity Freedom 2065 Fund, Virtus Ceredex Mid-Cap Value Equity Fund, BlackRock Mid-Cap Growth Equity Portfolio Institutional, Goldman Sachs Small Cap Value Fund, Fidelity Extended Market Index Fund, Fidelity Total International Index Fund, JPMorgan Equity Income Fund, PGIM Total Return Bond Fund, and Loomis Sayles Small Cap Growth Fund.

Also effective on April 15, 2020, the Plan discontinued offering the Fidelity Capital Appreciation Fund, Fidelity Low-Priced Stock Fund, Fidelity Dividend Growth Fund, Columbia Mid-Cap Growth Fund, Columbia Short-Term Bond Fund, RidgeWorth Mid-Cap Value Equity Fund, American Century Infl-Adj Bond Fund, Wells Fargo Advantage Emerging Markets Equity Fund, JPMorgan U.S. Small Company Fund Institutional, PIMCO Total Return Fund, Invesco Diversified Dividend Fund, Wells Fargo SPL Small Cap Valuation ADM Fund, and Fidelity Total Market IDX Fund. Any balance that was in these funds upon the effective date was transferred to newly introduced funds or existing funds that were of similar investment nature.

Effective January 1, 2019, the Plan changed and clarified the definition of eligible plan compensation and its exclusions.

NOTE 10 - SUBSEQUENT EVENTS

The Company evaluated the Plan's 2020 financial statements for subsequent events through October 13, 2021, the date the financial statements were available to be issued.

On September 14, 2021, HCE's limited basis contribution limit was increased from 4% to 5% of eligible wages. The increase in contribution rates for HCE's will become effective on January 1, 2022.

Effective September 15, 2021 and October 1, 2021, the Plan was amended to modify certain administrative functions.

The Company is not aware of any additional subsequent events that would require recognition or disclosure in the Plan's financial statements.

SUPPLEMENTAL INFORMATION

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

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

EIN # 42-0758403, Plan # 001

December 31, 2020

Description	Cost	Current Value
Cash and cash equivalents:		
Fidelity Retirement Money Market Fund *	**	\$ 4,905,334
Mutual funds:		
Fidelity Diversified International Fund *	**	5,731,615
Fidelity Freedom Income Fund *	**	574,194
Fidelity Freedom 2005 Fund *	**	539,839
Fidelity Freedom 2010 Fund *	**	1,543,861
Fidelity Freedom 2015 Fund *	**	1,529,371
Fidelity Freedom 2020 Fund *	**	8,631,250
Fidelity Freedom 2025 Fund *	**	12,993,809
Fidelity Freedom 2030 Fund *	**	13,221,663
Fidelity Freedom 2035 Fund *	**	6,132,384
Fidelity Freedom 2040 Fund *	**	4,681,230
Fidelity Freedom 2045 Fund *	**	2,413,811
Fidelity Freedom 2050 Fund *	**	1,055,870
Fidelity Freedom 2055 Fund *	**	598,234
Fidelity Freedom 2060 Fund *	**	96,848
Fidelity Freedom 2065 Fund *	**	407
Fidelity Emerging Markets Fund *		2,091,127
Fidelity US Bond Fund *		2,788,144
Fidelity 500 Index Fund *		9,316,246
Fidelity Extended Market Index Fund *		2,254,475
Fidelity Total International Index Fund *		2,275
Virtus Ceredex MidCap Value Equity Fund	**	3,449,576
MainStay LargeCap Growth R1 Fund	**	8,901,688
PGIM Total Return Bond Fund	**	2,281,644
Goldman Sachs Small Cap Value Fund		1,001,795
BlackRock MidCap Growth Equity Portfolio Institutional Fund		5,609,019
Loomis Sayles SmallCap Growth Fund		272,678
JPMorganEquity Income Fund		5,851,460
Collective trusts:		
Fidelity Managed Income Portfolio Fund *	**	2,811,605
Participant loans 3.25% to 7.75% due through January 2026 *		81,819
		<u>\$ 111,363,269</u>

* Represents a party-in-interest

** Not applicable for participant-directed funds.

The above information has been certified by Fidelity Management Trust Company, the trustee, as complete and accurate.