

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). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>07/01/2016</u> and ending <u>06/30/2017</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>STANDEX INTERNATIONAL CORPORATION PENSION PLANS</u>	1b	Three-digit plan number (PN) ► <u>001</u>
		1c	Effective date of plan <u>07/01/1966</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>STANDEX INTERNATIONAL CORPORATION</u> <u>11 KEEWAYDIN DRIVE</u> <u>SALEM, NH 03079-2999</u>	2b	Employer Identification Number (EIN) <u>31-0596149</u>
		2c	Plan Sponsor's telephone number <u>603-893-9701</u>
		2d	Business code (see instructions) <u>339900</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.	04/11/2018	ROSS MCGOVERN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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 has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 3117
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) 477
a(2) Total number of active participants at the end of the plan year	6a(2) 452
b Retired or separated participants receiving benefits.....	6b 1481
c Other retired or separated participants entitled to future benefits	6c 846
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 2779
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 275
f Total. Add lines 6d and 6e	6f 3054
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 1
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:
 1A

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

- (1)** ☒ **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)** ☐ **0** **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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>STANDEX INTERNATIONAL CORPORATION PENSION PLANS</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>STANDEX INTERNATIONAL CORPORATION</u>	D Employer Identification Number (EIN) <u>31-0596149</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>197598990</u>
b Actuarial value	2b <u>197598990</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	<u>1818</u> <u>145279810</u> <u>145279810</u>
b For terminated vested participants.....	<u>873</u> <u>34455453</u> <u>34455453</u>
c For active participants.....	<u>572</u> <u>24429075</u> <u>24591038</u>
d Total.....	<u>3263</u> <u>204164338</u> <u>204326301</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.03 %</u>
6 Target normal cost.....	6 <u>1959832</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>03/14/2018</u> Date
Signature of actuary	<u>17-05816</u> Most recent enrollment number
<u>DEAN A QUICK</u> Type or print name of actuary	<u>703-258-8000</u> Telephone number (including area code)
<u>TOWERS WATSON DELAWARE INC.</u> Firm name	
<u>800 NORTH GLEBE ROAD</u> <u>ARLINGTON, VA 22203</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2016
v. 160205

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1982413	8336088
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1428755	0
9	Amount remaining (line 7 minus line 8)	553658	8336088
10	Interest on line 9 using prior year's actual return of 5.15%	28513	429309
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.23%		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	582171	8765397

Part III Funding Percentages			
14	Funding target attainment percentage	14	92.13%
15	Adjusted funding target attainment percentage	15	92.13%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.70%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a 0	
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 0	
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year?		☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		☒ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:			
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V	Assumptions Used to Determine Funding Target and Target Normal Cost		
21	Discount rate:		
a	Segment rates:	<div style="display: flex; justify-content: space-around;"> <div>1st segment: 4.43%</div> <div>2nd segment: 5.91%</div> <div>3rd segment: 6.65%</div> </div>	☐ N/A, full yield curve used
b	Applicable month (enter code)	21b	4
22	Weighted average retirement age	22	65
23	Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		
Part VI	Miscellaneous Items		
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No		
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No		
27	If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27	
Part VII	Reconciliation of Unpaid Minimum Required Contributions For Prior Years		
28	Unpaid minimum required contributions for all prior years	28	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30	Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0
Part VIII	Minimum Required Contribution For Current Year		
31	Target normal cost and excess assets (see instructions):		
a	Target normal cost (line 6)	31a	1959832
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	16074879	2655947
b	Waiver amortization installment	0	0
33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34	Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	4615779
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement	582171	4033608
36	Additional cash requirement (line 34 minus line 35)	36	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years	40	0
Part IX	Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)		
41	If an election was made to use PRA 2010 funding relief for this plan:		
a	Schedule elected	☐ 2 plus 7 years ☐ 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42	Amount of acceleration adjustment	42	0
43	Excess installment acceleration amount to be carried over to future plan years	43	0

SCHEDULE C (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>	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 <div style="text-align: center; font-size: 1.2em;">2016</div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

A Name of plan STANDEX INTERNATIONAL CORPORATION PENSION PLANS	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 STANDEX INTERNATIONAL CORPORATION	D Employer Identification Number (EIN) 31-0596149

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 STONE HARBOR INVESTMENT PARTNERS LP
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20-3888589

(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)

WELLINGTON TRUST COMPANY NA

04-2755549

(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?
28 51 68	NONE	245983	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STATE STREET GLOBAL ADVISORS

04-1867445

(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?
18 19 51 52 99	TRUSTEE	204946	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

WESTFIELD CAPITAL MANAGEMENT, L.P.

80-0175963

(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?
28 33 51 68 71	NONE	143819	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

BNY MELLON

25-6078093

(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?
28 51	NONE	98322	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LOOMIS SAYLES TRUST COMPANY

94-6799945

(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?
28 51	NONE	87616	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

(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?
21 24 28 50 51	NONE	35376	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)

TOWERS WATSON DELAWARE, INC.

53-0181291

(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?
11 50	NONE	21346	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARATHAS BARROW WETHERHEAD LENT LLP

ONE FINANCIAL CENTER, 15TH FLOOR
BOSTON, MA 02111

(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?
29	NONE	5368	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2016</div> This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

A Name of plan <u>STANDEX INTERNATIONAL CORPORATION PENSION PLANS</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>STANDEX INTERNATIONAL CORPORATION</u>	D Employer Identification Number (EIN) <u>31-0596149</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-COMMON TRUST FUND OPPORTUNIST</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY</u>		
c EIN-PN <u>20-0863941-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25998264</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LOOMIS SAYLES TRUST COMPANY LLC</u>		
b Name of sponsor of entity listed in (a): <u>LOOMIS SAYLES CREDIT ASSET TRUST</u>		
c EIN-PN <u>94-6799945-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>20190258</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>S & P FLAGSHIP SECURITIES LENDING</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14661051</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG US CREDIT INDEX SECURITIES LEN</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>04-0025081-145</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24489152</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB US LONG DURATION ALPHA FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-138</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11988960</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC COMMON TRUST FUND DAS FUND</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY</u>		
c EIN-PN <u>20-5289802-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>15304241</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TREASURY US 10 YEAR KEY RATE FUND</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY</u>		
c EIN-PN <u>47-4226866-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3494616</u>

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

a Name of MTIA, CCT, PSA, or 103-12 IE: [TREASURY US 5 YEAR KEY RATE FUND](#)**b** Name of sponsor of entity listed in (a): [BLACKROCK INSTITUTIONAL TRUST COMPANY](#)

c EIN-PN 47-4104495-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3812602
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TREASURY US 20 YEAR KEY RATE FUND](#)**b** Name of sponsor of entity listed in (a): [BLACKROCK INSTITUTIONAL TRUST COMPANY](#)

c EIN-PN 45-3856189-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1827515
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TREASURY US 15 YEAR KEY RATE FUND](#)**b** Name of sponsor of entity listed in (a): [BLACKROCK INSTITUTIONAL TRUST COMPANY](#)

c EIN-PN 45-3856099-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3235910
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a Name of MTIA, CCT, PSA, or 103-12 IE: [TREASURY US 25 YEAR KEY RATE FUND](#)**b** Name of sponsor of entity listed in (a): [BLACKROCK INSTITUTIONAL TRUST COMPANY](#)

c EIN-PN 45-3856224-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1189365
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a Name of MTIA, CCT, PSA, or 103-12 IE: [COLL MONDRIAN INTL EQUITY FUND](#)**b** Name of sponsor of entity listed in (a): [THE NORTHERN TRUST COMPANY](#)

c EIN-PN 90-6169542-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20845927
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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)
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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)
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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)
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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)
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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)
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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) Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017		
A Name of plan STANDEX INTERNATIONAL CORPORATION PENSION PLANS	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 STANDEX INTERNATIONAL CORPORATION	D Employer Identification Number (EIN) 31-0596149	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	11688	148622
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	13055758	13464380
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	152673240	147037861
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	32194541	34785988
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	197935227	195436851

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	336237	258735
k Total liabilities (add all amounts in lines 1g through 1j)	1k	336237	258735

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	197598990	195178116
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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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1580	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1580
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	134936	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	958940	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1093876
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	14086796	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	12832569	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1254227
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1667428	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1667428

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		9681212
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1969863
c Other income.....	2c		271971
d Total income. Add all income amounts in column (b) and enter total.....	2d		15940157

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	15744686	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		15744686
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	26714	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	676653	
(4) Other	2i(4)	1912978	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2616345
j Total expenses. Add all expense amounts in column (b) and enter total	2j		18361031

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2420874
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **CARON & BLETZER, PLLC**

(2) EIN: **04-3499945**

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4042982. (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under 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). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

A Name of plan <u>STANDEX INTERNATIONAL CORPORATION PENSION PLANS</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STANDEX INTERNATIONAL CORPORATION</u>	D Employer Identification Number (EIN) <u>31-0596149</u>

Part I	Distributions
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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	<u>0</u>
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): <u>04-3203102</u>		
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	<u>15</u>

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.)
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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
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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
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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.
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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) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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: <u>42.0</u> % Investment-Grade Debt: <u>47.0</u> % High-Yield Debt: <u>6.0</u> % Real Estate: <u>0.0</u> % Other: <u>5.0</u> % 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):

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

**STANDEX INTERNATIONAL
CORPORATION PENSION PLAN**

FINANCIAL STATEMENTS

June 30, 2017 and 2016 and
For the Years Then Ended



CARON & BLETZER, PLLC

Certified Public Accountants and Business Consultants

STANDEX INTERNATIONAL CORPORATION PENSION PLAN
INDEX OF FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES
June 30, 2017 and 2016

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Certain schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

FINANCIAL STATEMENTS AND SUPPLEMENTAL
SCHEDULES TO ACCOMPANY THE 2016 FORM 5500
ANNUAL REPORT OF EMPLOYEE BENEFIT PLAN
UNDER ERISA OF 1974



Independent Auditor's Report

To the Plan Administrator of Standex International Corporation Pension Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Standex International Corporation Pension Plan (the "Plan"), which comprise the statements of net assets available for plan benefits as of June 30, 2017 and 2016, and the related statements of changes in net assets available for plan 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 information summarized in Note F, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of June 30, 2017 and 2016, and for the years then ended, that the information provided to the plan administrator by the trustee 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.

Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of June 30, 2017 and Schedule of Reportable Transactions are required by the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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 schedules, other than that derived from the information certified by the trustee, 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.

A handwritten signature in black ink that reads "Canon & Bleger, PLLC". The signature is written in a cursive, flowing style.

Kingston, NH
April 10, 2018

STANDEX INTERNATIONAL CORPORATION PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
June 30, 2017 and 2016

	2017	2016
Assets:		
Investments, at fair value:		
Common stocks	\$ 13,464,380	\$ 13,055,758
Common collective trusts	147,037,861	152,673,240
Mutual funds	31,100,473	29,194,084
Short-term investments	<u>3,685,515</u>	<u>3,000,457</u>
Total investments	195,288,229	197,923,539
Receivables:		
Interest and dividend income	<u>148,622</u>	<u>11,688</u>
Total assets	195,436,851	197,935,227
Liabilities:		
Accrued administrative expenses	150,190	251,507
Due to broker	<u>108,545</u>	<u>84,730</u>
Total liabilities	<u>258,735</u>	<u>336,237</u>
Net assets available for plan benefits	<u>\$ 195,178,116</u>	<u>\$ 197,598,990</u>

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

STANDEX INTERNATIONAL CORPORATION PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
For the years ended June 30, 2017 and 2016

	2017	2016
Investment earnings:		
Dividends	\$ 2,608,702	\$ 2,441,269
Net appreciation in fair value of investments	<u>13,331,455</u>	<u>8,394,119</u>
Total investment income	15,940,157	10,835,388
Deductions:		
Benefits paid to participants	15,744,686	15,369,415
Administrative expenses	<u>2,616,345</u>	<u>2,223,092</u>
Total deductions	<u>18,361,031</u>	<u>17,592,507</u>
Net decrease	(2,420,874)	(6,757,119)
Net assets available for plan benefits, beginning of the year	<u>197,598,990</u>	<u>204,356,109</u>
Net assets available for plan benefits, end of the year	<u>\$ 195,178,116</u>	<u>\$ 197,598,990</u>

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

STANDEX INTERNATIONAL CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

A. PLAN DESCRIPTION:

The following brief description of the Standex International Corporation Pension Plan (formerly Standex International Corporation Hourly Pension Plan) (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for more complete information.

General

The Plan is a defined benefit pension plan covering employees of Standex International Corporation and its subsidiaries (the "Company") who have completed one year of service and are not employees of recent acquisitions or covered by pension plans established under collective bargaining agreements and administered by the union. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code (the "Code").

On July 1, 1989 the Pension and Employee Stock Ownership Committee of the Company merged 11 separate hourly pension plans into the Standard Publishing Hourly Pension Plan, at which time it was renamed the Standex International Corporation Hourly Pension Plans.

Effective June 30, 2008 the Standex International Corporation Retirement Plan (the "Salaried Plan") was merged with and into the Standex International Corporation Hourly Pension Plan. As of that date the surviving plan was renamed the Standex International Corporation Pension Plans.

Prior to the merger, the investments of the Plan were combined with and managed in conjunction with the assets of the Salaried Plan in the Standex International Corporation Pension Plans Master Trust (the "Master Trust"). Upon the merger, the Master Trust ceased to be a master trust as it now holds only the assets of the Plan.

Plan Administration

The Plan is administered by the Company's Administrative Committee for Pension Plans, whose members are appointed by the Board of Directors. State Street Bank and Trust Company ("State Street") acts as trustee for the Plan.

Funding Policy

Contributions to provide benefits under the Plan are made by the Company based upon amounts determined by the consulting actuary. It is the Company's policy to comply with the minimum funding requirements of ERISA, and such policy has been complied with for the years ended June 30, 2017 and 2016.

Benefits

Normal retirement benefits are based upon a formula taking into account a participant's compensation level or benefit rate, as defined, and the number of years of credited service of that participant. If a participant elects early retirement, benefits may be actuarially reduced by a formula based on the number of months between the normal retirement age and a participant's age at early retirement.

STANDEX INTERNATIONAL CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

The normal form of a benefit payment is an annual benefit, payable in monthly amounts, for life. If the participant is married the form of payment will be an actuarially equivalent 50% qualified joint and survivor annuity. Actuarially equivalent optional forms of payment, such as annuities, lump-sum payments, and period certain options may be elected by participants in lieu of the normal form of payment.

If an active participant dies after becoming vested, the surviving spouse will be paid the minimum death benefit in the form of an annuity.

All Plan benefits are subject to the limitations prescribed by the Code which includes provisions that limit the amount of retirement income which may be paid to an individual participant.

Effective December 31, 2007, future benefit accruals were frozen for all current and future salaried employees.

Effective July 31, 2013, future benefit accruals were frozen for all current and future hourly employees in the Standex International Corporation Hourly Plan, Master-Bilt Hourly Pension Plan, and The Standex Commercial Hourly Pension Plan.

Effective September 30, 2015, future benefit accruals were frozen for all current and future employees in the Custom Hoists Hourly Pension Plan.

Retirement Dates

An employee's normal retirement age is 65. The Plan permits early retirement at age 55 provided the participant has been credited with 10 or more years of service. There is no mandatory retirement age.

Vesting

Participants are 100% vested in their benefits upon completion of 5 years of service.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Presentation

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

STANDEX INTERNATIONAL CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

Risks and Uncertainties

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

The Plan is invested in various securities. Investment securities, in general, are exposed to various risks such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the fair values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the statements of net assets available for benefits.

Investment Valuation and Income Recognition

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

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Substantially all expenses of the Plan are paid by the Plan.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable, under the Plan's provisions, to the service employees have rendered and include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Vested benefits are benefits to which members are entitled regardless of future service with the Company. Nonvested benefits are dependent upon future services.

STANDEX INTERNATIONAL CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

The actuarial present value of accumulated plan benefits is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The more significant assumptions underlying the actuarial computations used in the valuation as of July 1, 2016 are as follows:

Discount rate	- 7.10%
Mortality basis	- RP-2014 base tables, with a modified MP-2016 improvement scale (updated annually)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

At July 1, 2016, the actuarial present value of accumulated plan benefits under the Plan were:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments	\$ 137,617,841
Participants with deferred benefits	31,053,902
Other participants	<u>22,318,701</u>

Total vested benefits	190,990,444
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Nonvested benefits	<u>154,257</u>
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Total actuarial present value of accumulated plan benefits	<u><u>\$ 191,144,701</u></u>
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STANDEX INTERNATIONAL CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

For the year ended July 1, 2016, the estimated changes in actuarial present value of accumulated plan benefits are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 195,117,041
Increase (decrease) during the year attributable to:	
Benefits accumulated	44,779
Benefits paid	(15,369,415)
Increase in interest due to decrease in discount period	13,310,875
Change in assumptions	(2,427,687)
Actuarial losses	<u>469,108</u>
Net decrease in actuarial present value of accumulated plan benefits	<u>(3,972,340)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 191,144,701</u>

C. FAIR VALUE MEASUREMENTS:

Accounting standards establish a framework for measuring fair value. That framework sets forth a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring 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 are described below.

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology are observable, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; or other inputs that are observable or can be corroborated by observable market data for substantially the full terms of the assets or liabilities.

Level 3 - Inputs to the valuation methodology are unobservable.

The asset 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.

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at June 30, 2017 and 2016.

Common stocks – Valued at the closing price reported on the active market on which the individual securities are traded.

STANDEX INTERNATIONAL CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

Common collective trusts – Valued at the net asset value of units of a collective trust. The net asset value, as provided by the fund manager, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

Mutual funds – Valued at the net asset value of the shares held by the Plan at year end as determined by quoted market prices.

Short-term investments – Valued at net asset value based on the fund's underlying assets, as reported by the trustee. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30:

<u>Description</u>	<u>2017</u>			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Common stocks	\$ 13,464,380	\$ 13,464,380	\$ -	\$ -
Mutual funds	31,100,473	31,100,473	-	-
Total investments in the fair value hierarchy	44,564,853	<u>\$ 44,564,853</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value(1):				
Common collective trusts	147,037,861			
Short-term investments	<u>3,685,515</u>			
Total investments measured at net asset value	<u>150,723,376</u>			
Total investments at fair value	<u>\$ 195,288,229</u>			

STANDEX INTERNATIONAL CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

<u>Description</u>	2016			
	<u>Total</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>
Common stocks	\$ 13,055,758	\$ 13,055,758	\$ -	\$ -
Mutual funds	29,194,084	29,194,084	-	-
Total investments in the fair value hierarchy	42,249,842	<u>\$ 42,249,842</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value(1):				
Common collective trusts	152,673,240			
Short-term investments	<u>3,000,457</u>			
Total investments measured at net asset value	<u>155,673,697</u>			
Total investments at fair value	<u>\$ 197,923,539</u>			

(1) In accordance with Subtopic 820-10, certain investments that were measured at net asset value 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 plan benefits.

The State Street and BlackRock collective trusts can be redeemed daily, have a two day redemption notice period, and have no unfunded commitments. The Mellon EB US Long Duration fund can be redeemed semi-monthly, has a 2 day notice period and has no unfunded commitments. The Loomis Sayles fund can be redeemed semi-monthly, has a 30 day notice period and has no unfunded commitments. The Mondrian collective fund can be deemed daily, has no redemption notice period and no unfunded commitments. The Wellington collective trusts can be redeemed monthly and have no unfunded commitments. The Wellington Diversified fund has a 30 day notice period. Withdrawal requests for the Wellington Opportunistic fund must be made by the 22nd of the previous month.

The short term investment funds can be redeemed daily, have daily redemption notice periods, and have no unfunded commitments. The funds seek to provide safety of principal and liquidity.

D. TAX STATUS:

The Plan obtained a favorable determination letter, dated March 22, 2016, in which the Internal Revenue Service ("IRS") stated that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter, however, 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.

STANDEX INTERNATIONAL CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

During 2017 the Department of Labor ("DOL") determined during their examination of the Plan that there were certain individuals who should have started collecting their required minimum distribution at age 70½ but because Standex was unable to locate them, the payments have been delayed. To correct the defect, the Plan is planning to enter the IRS' Employees Plans Compliance Resolution System ("EPCRS"). The Plan's management believes that under EPCRS Voluntary Correction Program ("VCP"), the identified defect will be corrected and that the IRS will issue a compliance statement preserving the tax-exempt status of the Plan.

E. TERMINATION:

In the event the Plan terminates, the Plan's assets will be allocated, as prescribed by ERISA and its regulations, generally to provide the following benefits in the order indicated:

1. Costs for participants who have been receiving benefits or who have been eligible to receive benefits upon normal or late retirement for three or more years as of the date of termination.
2. Costs for participants who have been receiving benefits or who have been eligible to receive benefits upon normal or late retirement for less than three years as of the date of termination.
3. Costs for all other benefits insured by the Pension Benefit Guaranty Corporation ("PBGC").
4. Costs for all other non-forfeitable benefits under the Plan.
5. Costs for any other remaining benefits.

Certain benefits under the Plan are insured by the PBGC upon termination of the Plan. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, the PBGC does not guarantee all types of benefits under the plan and the amount of benefit protection is subject to certain limitations. Also, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether or not all participants will receive their benefits in whole or in part upon plan termination will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

STANDEX INTERNATIONAL CORPORATION PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

F. COMPLIANCE AND ERISA:

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, no auditing procedures were performed by the independent auditors with respect to the information certified by State Street Bank and Trust Company ("State Street"), the trustee of the Plan, except for comparing the information to the financial statements and supplemental schedules. The trustee has certified as to the completeness and accuracy of the investments held by the Plan as of June 30, 2017 and 2016 and the investment earnings and other investment-related transactions of the Plan for the years then ended, and the information continued in the schedule of assets (held at end of year).

G. RELATED PARTY TRANSACTIONS:

Certain investments are shares of registered investment companies managed by State Street Global Advisors ("SSGA"). State Street Bank and Trust Company, a related entity to SSGA, is the trustee of the Plan and therefore, transactions with these investments qualify as party-in-interest.

H. SUBSEQUENT EVENTS:

The Company has evaluated all subsequent events through April 10, 2018, the date the financial statements were available to be issued.

STANDEX INTERNATIONAL CORPORATION PENSION PLAN

EIN: 31-0596149

Plan Number: 001

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

June 30, 2017

(a)	(b)	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d)	(e)
Identity of issue, borrower, lessor or similar party		Shares / Units	Cost	Current value
Alkermes PLC		Common stock	1,625 shares \$ 73,288	\$ 94,201
Axalta Coating Systems Ltd		"	9,290 shares 264,210	297,652
Essent Group Ltd		"	6,070 shares 213,331	225,440
Ihs Markit Ltd		"	4,802 shares 160,689	211,480
Jazz Pharmaceuticals PLC		"	1,995 shares 307,561	310,223
Steris PLC		"	4,350 shares 304,548	354,525
Cyberark Software Ltd/Israel		"	3,900 shares 192,392	194,805
Wright Medical Group NV		"	7,759 shares 185,922	213,295
Acceleron Pharma Inc		"	4,940 shares 161,971	150,127
Andeavor		"	2,500 shares 206,662	234,000
Avery Dennison Corp		"	2,540 shares 207,436	224,460
Bioverativ Inc		"	1,930 shares 94,463	116,128
Black Knight Financial Cl A		"	660 shares 26,480	27,027
Boyd Gaming Corp		"	6,940 shares 174,310	172,181
Builders Firstsource Inc		"	16,560 shares 216,388	253,699
Costar Group Inc		"	1,004 shares 182,175	264,654
Crane Co		"	2,910 shares 210,299	230,996
Cyrusone Inc		"	3,950 shares 178,478	220,213
Dana Inc		"	8,370 shares 163,947	186,902
Dexcom Inc		"	3,010 shares 202,295	220,182
Dunkin Brands Group Inc		"	3,420 shares 195,421	188,510
East West Bancorp Inc		"	3,250 shares 175,001	190,385
Envision Healthcare Corp		"	2,720 shares 170,919	170,462
Flowserve Corp		"	4,140 shares 202,295	192,220
Fortinet Inc		"	5,500 shares 177,877	205,920
Arthur J Gallagher + Co		"	3,565 shares 181,227	204,096
Gartner Inc		"	1,570 shares 173,251	193,911
Wr Grace + Co		"	3,175 shares 238,788	228,632
Hain Celestial Group Inc		"	3,090 shares 120,477	119,954
Hunt (Jb) Transprt Svcs Inc		"	2,285 shares 189,674	208,803
Ipg Photonics Corp		"	555 shares 66,680	80,531
Inphi Corp		"	2,160 shares 83,453	74,088
Klx Inc		"	3,160 shares 147,301	158,000
Lennox International Inc		"	1,630 shares 206,079	299,333
Lions Gate Entertainment B		"	7,490 shares 169,587	196,837
Live Nation Entertainment Inc		"	4,190 shares 115,678	146,022
Lumentum Holdings Inc		"	1,190 shares 48,620	67,889
Msci Inc		"	1,740 shares 123,229	179,203
Mastec Inc		"	1,660 shares 69,070	74,949
Medicines Company		"	2,840 shares 143,660	107,948
Mettler Toledo International		"	355 shares 57,099	208,932
Microsemi Corp		"	4,810 shares 206,509	225,108
Middleby Corp		"	1,780 shares 199,548	216,288
Ncr Corporation		"	4,230 shares 171,013	172,753
Nektar Therapeutics		"	10,060 shares 149,796	196,673
Neurocrine Biosciences Inc		"	3,795 shares 156,128	174,570
Nexstar Media Group Inc Cl A		"	2,400 shares 116,271	143,520
Old Dominion Freight Line		"	2,310 shares 149,664	220,004
On Semiconductor Corp		"	12,790 shares 149,958	179,572
Ptc Inc		"	3,530 shares 174,561	194,574
Pacira Pharmaceuticals Inc		"	3,810 shares 186,053	181,737
Pinnacle Foods Inc		"	3,450 shares 165,879	204,930
Quest Diagnostics Inc		"	1,600 shares 110,846	177,856
Raymond James Financial Inc		"	2,690 shares 122,787	215,792
Realpage Inc		"	4,980 shares 153,312	179,031
Scripps Networks Inter Cl A		"	2,620 shares 174,702	178,972
Signature Bank		"	1,095 shares 158,175	157,165
Six Flags Entertainment Corp		"	5,200 shares 318,904	309,972
Smith (A.O.) Corp		"	3,880 shares 158,224	218,560
Sotheby S		"	3,140 shares 127,563	168,524
Splunk Inc		"	2,380 shares 129,843	135,398

STANDEX INTERNATIONAL CORPORATION PENSION PLAN

EIN: 31-0596149

Plan Number: 001

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

June 30, 2017

(a)	(b)	(c)		(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Shares / Units	Cost	Current value
	Stag Industrial Inc	"	4,030 shares	85,863	111,228
	Summit Materials Inc CI A	"	9,367 shares	201,319	270,425
	Sun Communities Inc	"	2,820 shares	225,551	247,286
	Topbuild Corp	"	2,090 shares	109,986	110,916
	Total System Services Inc	"	4,840 shares	165,459	281,930
	Transdigm Group Inc	"	881 shares	152,216	236,874
	Transunion	"	6,280 shares	202,715	271,987
	Vail Resorts Inc	"	1,320 shares	133,309	267,736
	Zayo Group Holdings Inc	"	3,760 shares	111,183	116,184
		Total common stocks		11,449,568	13,464,380
	The Collective Mondrian International Equity Fund	Common collective trust	1,989,115 units	19,950,825	20,845,927
	BlackRock Treasury U.S. 20 Year Key Rate Fund	"	139,774 units	1,785,987	1,827,515
	BlackRock Treasury U.S. 15 Year Key Rate Fund	"	226,118 units	3,118,814	3,235,910
*	SSB and Trust Co. Long Credit Index Fund	"	576,554 units	14,744,534	24,489,152
	EB U.S. Long Duration Alpha Plus Fund	"	57,702 units	5,890,483	11,988,960
	WTC CTF Opportunistic Investment Portfolio Fund	"	1,918,691 units	19,555,178	25,998,264
	WTC CTF Diversified Alpha Strategies Fund	"	831,300 units	8,358,943	15,304,241
*	SSB and Trust Co. S&P Flagship Fund	"	25,359 units	6,737,475	14,661,051
	BlackRock Treasury U.S. 25 Year Key Rate Fund	"	93,462 units	1,159,559	1,189,365
	Loomis Sayles Credit Asset Trust	"	927,009 units	10,426,245	20,190,258
	BlackRock Treasury U.S. 10 Year Key Rate Fund	"	299,928 units	3,465,349	3,494,616
	BlackRock Treasury U.S. 5 Year Key Rate Fund	"	379,496 units	3,798,555	3,812,602
		Total common collective trusts		98,991,947	147,037,861
	PIMCO All Asset Fund	Mutual fund	2,154,605 shares	26,149,563	25,424,343
	Stone Harbor Local Market Fund	"	646,484 shares	6,520,974	5,676,130
		Total mutual funds		32,670,537	31,100,473
*	SSB and Trust Co. Short Term Investment Fund	Short-term investment	992,189 shares	992,189	992,189
*	Money Market Fund	"	2,693,326 shares	2,693,326	2,693,326
		Total short-term investments		3,685,515	3,685,515
		Total investments		\$ 146,797,567	\$ 195,288,229

* Denotes party-in-interest to the Plan.

STANDEX INTERNATIONAL CORPORATION PENSION PLAN

EIN: 31-0596149

Plan Number: 001

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

For the year ended June 30, 2017

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of asset (Including Interest Rate and Maturity)	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net gain (loss)
<u>Series Transactions:</u>						
SSB and Trust Co. Short Term Investment Fund	Short-term investment	\$ 27,437,344	\$ 24,744,018	\$ 24,744,018	\$ 52,181,362	\$ -



Plan Name	Standex Internationals Corporation Pension Plan
Plan Sponsor EIN	31-0596149
ERISA Plan #	001
Plan Year Ending	June 30, 2017

The required attachment marked with an "X" in the Attachment column is included within the "Signed Schedule MB or Schedule SB" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attachment
5500 Sch. SB	None	Statement by Enrolled Actuary		X
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Part V	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		X
5500 Sch. SB		Other Attachment [Enter Description]		

Plan Name	Standex Internationals Corporation Pension Plan
Plan Sponsor EIN	31-0596149
ERISA Plan #	001
Plan Year Ending	June 30, 2017

The required attachment marked with an "X" in the Attachment column is included within the "Signed Schedule MB or Schedule SB" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attachment
5500 Sch. SB	None	Statement by Enrolled Actuary		X
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
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5500 Sch. SB	Line 19	Discounted Employer Contributions		
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Part V	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		X
5500 Sch. SB		Other Attachment [Enter Description]		

Plan Name	Standex Internationals Corporation Pension Plan
Plan Sponsor EIN	31-0596149
ERISA Plan #	001
Plan Year Ending	June 30, 2017

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 07/01/2016 and ending 06/30/2017

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan STANDEX INTERNATIONAL CORPORATION PENSION PLANS	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF STANDEX INTERNATIONAL CORPORATION	D Employer Identification Number (EIN) 31-0596149	

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500
---	---

Part I Basic Information			
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2016</u>			
2 Assets:			
a Market value	2a	197,598,990	
b Actuarial value	2b	197,598,990	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	1,818	145,279,810	145,279,810
b For terminated vested participants	873	34,455,453	34,455,453
c For active participants	572	24,429,075	24,591,038
d Total	3,263	204,164,338	204,326,301
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		6.03%
6 Target normal cost	6		1,959,832

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	Dean A Quick <div style="text-align: center;"> </div>	<div style="text-align: center;"> </div>
	Signature of actuary	Date 1705816
	Type or print name of actuary Towers Watson Delaware Inc.	Most recent enrollment number 703-258-8000
	Firm name 800 North Glebe Road Arlington VA 22203	Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	1,982,413	8,336,088
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1,428,755	0
9 Amount remaining (line 7 minus line 8).....	553,658	8,336,088
10 Interest on line 9 using prior year's actual return of <u>5.15%</u>	28,513	429,309
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.23%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	582,171	8,765,397

Part III Funding Percentages

14 Funding target attainment percentage	14	92.13%
15 Adjusted funding target attainment percentage.....	15	92.13%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.70%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year?..... ☒ Yes ☐ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.43 %2nd segment:
5.91 %3rd segment:
6.65 %☐ N/A, full yield curve used**b** Applicable month (enter code)..... **21b** 4**22** Weighted average retirement age **22** 65**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)..... **31a** 1,959,832**b** Excess assets, if applicable, but not greater than line 31a **31b** 0

32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment.....	16,074,879	2,655,947
b	Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 4,615,779

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	582,171	4,033,608	4,615,779

36 Additional cash requirement (line 34 minus line 35)..... **36** 0**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011**42** Amount of acceleration adjustment **42** 0**43** Excess installment acceleration amount to be carried over to future plan years **43** 0

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Standex International Corporation
EIN/PN	31-0596149/001
Plan Name	Standex International Corporation Pension Plans
Valuation Date	July 1, 2016
Enrolled Actuary	Dean A. Quick
Enrollment Number	17-05816

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	Standex International Corporation Pension Plans
EIN / PN:	31-0596149/ 001
Plan Sponsor:	Standex International Corporation
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2016

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	Standex International Corporation Pension Plans
EIN / PN:	31-0596149/ 001
Plan Sponsor:	Standex International Corporation
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of July 1, 2016

Attained Age	Years of Credited Service															
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0	
25 - 29	0		5		1		0		0		0		0		0	
30 - 34	0		6		10		3		0		0		0		0	
35 - 39	0		7		17		11		4		0		0		0	
40 - 44	2		21		20		15		7		5		0		0	
45 - 49	0		10		17		11		17		7		7		0	
50 - 54	2		11		30		23		16		9		30		0	
55 - 59	0		20		19		14		16		14		26		1	
60 - 64	1		15		18		16		13		10		19		4	
65 - 69	0		4		5		6		3		4		2		0	
70 & Over	0		2		0		0		0		0		1		0	

Plan Name: Standex International Corporation Pension Plans
 EIN / PN: 31-0596149/ 001
 Plan Sponsor: Standex International Corporation
 Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of July 1, 2016

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1 Shortfall	07/01/2016	16,074,879	7	16,074,879	2,655,947
Total				16,074,879	2,655,947

Plan Name: Standex International Corporation Pension Plans
EIN / PN: 31-0596149/ 001
Plan Sponsor: Standex International Corporation
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- | | |
|-----------------------|-----------------|
| ■ Applicable month | March |
| ■ Interest rate basis | 3-Segment Rates |

Interest rates:

- | | Reflecting
Corridors | Not Reflecting
Corridors |
|---------------------------|-------------------------|-----------------------------|
| ■ First segment rate | 4.43% | 1.46% |
| ■ Second segment rate | 5.91% | 3.93% |
| ■ Third segment rate | 6.65% | 4.94% |
| ■ Effective interest rate | 6.03% | 4.15% |

Annual rates of increase

- | | |
|---|-----|
| ■ Compensation | N/A |
| ■ Future Social Security wage bases | N/A |
| ■ Statutory limits on compensation and benefits | N/A |

Plan Name:	Standex International Corporation Pension Plans
EIN / PN:	31-0596149/ 001
Plan Sponsor:	Standex International Corporation
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date	The valuation date on or after enrollment date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Plan-related expenses	The amount assumed for plan-related expenses is \$400,000 plus the estimated PBGC variable rate premium for the current year. The amount included this year for plan-related expenses is \$1,958,500.
Mortality	For all participants: the prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.
Termination	Representative Termination Rates (per 100 employees)

For the first five years of service, 9% at every age if not yet age 55. Otherwise, the following table:

Percentage leaving during the year	
Attained Age	Annual Rates
20	22.4%
25	14.9%
30	10.4%
35	7.4%
40	4.3%
45	2.7%
50	0.9%
55	0.0%
60 and over	0.0%

Disability	For participants in divisions formerly covered by the Roehlen Engraving and National Metal pension plans, rates of disability were assumed to be 200% of Hunter's Disability rates for males and 400% of Hunter's Disability rates for females.
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Plan Name:	Standex International Corporation Pension Plans
EIN / PN:	31-0596149/ 001
Plan Sponsor:	Standex International Corporation
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Retirement

It was assumed that participants will retire at age 65 except for the following:

Participants in divisions formerly covered by the Jarvis-East and National Metal Hourly pension plans were assumed to retire at age 64.

Participants in divisions formerly covered by the Roehlen Engraving Hourly pension plan were assumed to retire according to the following rates:

Percentage retiring during the year	
Attained Age	Annual Rates
55	10%
56	5%
57	5%
58	5%
59	10%
60	15%
61	15%
62 and over	100%

Form of payment

Former participants of the Standex International Corporation Retirement Plan are assumed to elect the life only if single and joint & 50% contingent if married.

All other participants are assumed to elect the normal form.

Percent married

85% of active participants are assumed to be married.

Spouse age

Husbands are assumed to be three years older than the wife.

Covered pay

Compensation paid in the current fiscal year beginning on the valuation date is the current annual rate of pay.

It excludes compensation for those employees whose age on the valuation date equals or exceeds the ultimate assumed retirement age.

Plan Name: Standex International Corporation Pension Plans
EIN / PN: 31-0596149/ 001
Plan Sponsor: Standex International Corporation
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Actuarial value of assets	Under this method, valuation assets are equal to the market value of assets as of the valuation date plus the discounted present value of contributions expected to be made after the valuation date at the prior plan year effective PPA interest rate.
Benefits not valued	None.

Data Sources

Standex International Corporation furnished participant data as of January 1, 2016. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale – Significant Economic Assumptions

Discount rate	The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.
Administrative Expenses	Expected Administrative expenses for the plan are based on the expected PBGC Variable Rate Premium (VRP) plus an estimated amount for non-VRP expenses based on historical actual administrative expenses for the plan.

Plan Name:	Standex International Corporation Pension Plans
EIN / PN:	31-0596149/ 001
Plan Sponsor:	Standex International Corporation
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Assumptions Rationale – Significant Demographic Assumptions

Healthy Mortality	Assumptions used for funding purposes are as prescribed by IRC §430.
Termination, Retirement, and Disability Decrements	Termination, retirement, and disability rates are based on the results of plan experience studies conducted in past years and Standex's expectation for future behavior. Plan experience is monitored annually to ensure that the plan does not incur significant gains or losses as a result of this assumption. We are not aware of any change in conditions that would warrant a change to these assumptions.
Benefit commencement date for deferred benefits	Assumptions represent an estimate of future experience.
Form of payment	Assumptions were chosen based on past experience and represent a reasonable expectation of the future.
Marital assumptions:	The assumed percentage married and the assumed age difference for spouses are based on general population statistics on the marital status of individuals of retirement age.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.
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Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation	<ul style="list-style-type: none">■ The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of March 2015 to March 2016.■ The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality.■ The assumed plan-related expenses added to the target normal cost were updated from \$1,380,544 for 2015 to \$1,958,500 for 2016.
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Plan Name:	Standex International Corporation Pension Plans
EIN / PN:	31-0596149/ 001
Plan Sponsor:	Standex International Corporation
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Summary of Principal Plan Provisions for the Divisions Formerly Covered by the Hourly Pension Plan

Plan Sponsor

Standex International Corporation

Plan Year

The twelve-month period ending June 30.

Coverage and Participation

All employees are eligible to participate under the Plan on the July 1 or January 1 on or after the completion of 12 months of employment and one year of Vesting Service.

Benefit and Vesting Service

Effective Date for Commencement of:

Division	Benefit Service	Vesting Service
Doubleday Bros. & Co.	July 1, 1966	July 1, 1966
Eastern Engraving	June 1, 1975	Date of hire
Eastern Rotary Dye	May 1, 1992	May 1, 1992
Harding	Date of hire	Date of hire
Mold-Tech California	July 1, 1965	July 1, 1965
Mold-Tech Michigan	March 1, 1967	March 1, 1967
Mold-Tech New England	January 1, 1976	January 1, 1976
Mold-Tech, New Jersey	February 1, 1973	February 1, 1973
Mold-Tech Ohio	Date of hire	Date of hire
Rawal Engravers / Mold-Tech, Illinois	March 1, 1986	March 1, 1986
Standard Publishing	Date of hire	Date of hire
Pemco	April 1, 1986	April 1, 1986
Standex Electronics ¹	January 1, 1969 ²	January 1, 1962 ²

¹ Includes Paul Smith and Van Products

² July 1, 1974 for Van Products.

Plan Name: Standex International Corporation Pension Plans
EIN / PN: 31-0596149/ 001
Plan Sponsor: Standex International Corporation
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

Normal Retirement Date: the first day of the month on or after the attainment of age 65 or five years of participation in the plan.

Monthly Benefit: 1.25% of average monthly compensation for the highest five years of consecutive compensation in excess of \$400 plus \$2.50 per month, per year of Benefit Service. For B.F. Perkins/Mullen Testers participants, \$27.00 per year of Benefit Service for retirements occurring after August 1, 2001, \$29.00 per year of Benefit Service for retirements occurring after July 1, 2002, \$31.00 per year of Benefit Service for retirements occurring after July 1, 2003, \$32.00 per year of Benefit Service for retirements occurring after August 1, 2004, \$34.00 per year of Benefit Service for retirements occurring after July 1, 2005, \$35.00 per year of Benefit Service for retirements occurring after July 1, 2006, \$37.00 per year of Benefit Service for retirements occurring after August 1, 2007, \$38.00 per year of Benefit Service for retirements occurring after August 1, 2008, \$39.00 per year of Benefit Service for retirements occurring after August 1, 2009, and \$40.00 per year of Benefit Service for retirements occurring after August 1, 2012.

Normal Form of Retirement Income: Life Only.

Late Retirement

Late Retirement Date: First day of any month following Normal Retirement Date.

Monthly Benefit: Benefit commences upon actual retirement based on service and compensation on the retirement date.

Early Retirement Benefit

Early Retirement Date: First day of any month following age 55 and completion of 10 years of Vesting Service. For former B.F. Perkins participants, age 50 and completion of 15 years of vesting service.

Monthly Benefit: A deferred benefit equal to normal retirement benefit but based on service at Early Retirement Date; or an immediate benefit equal to the deferred benefit but reduced $\frac{1}{2}\%$ for each month that the employee's Early Retirement Date precedes his Normal Retirement Date. For B.F. Perkins/Mullen Testers participants, the reduction is $\frac{1}{4}\%$ for each month up to 36 months and $\frac{1}{2}\%$ for each month thereafter that the employee's Early Retirement Date precedes his Normal Retirement Date.

Plan Name: Standex International Corporation Pension Plans
EIN / PN: 31-0596149/ 001
Plan Sponsor: Standex International Corporation
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Disability Benefit

B.F. Perkins employees who have 10 years of vesting service and receive a Social Security disability pension.

Vested Benefits Upon Termination of Service

Upon termination of employment when an employee has at least five years of Vesting Service, a deferred vested pension is payable at Normal Retirement Date equal to the benefit accrued to date of termination, or a reduced benefit payable at or after age 55 if employee has completed 10 years of Vesting Service. (age 50 and 15 years for B.F. Perkins/Mullen Testers participants).

Death Benefits for Participants in Active Service

Upon death after the attainment of age 55 and the completion of 10 years of service but before Normal Retirement Date, a death benefit is payable equal to the pension that would have been payable if the employee had retired early and had elected a 100% joint and survivorship option as of the first day of the month of death.

Upon death after the completion of 10 years of service but before age 55, a death benefit is payable equal to the pension that would have been payable had the employee terminated service on the date of death, survived to age 55, and retired with a 100% joint and survivorship option.

In the case of an employee who dies after having completed at least five years but less than 10 years of service, a death benefit is payable as above, except age 65 is used in place of age 55.

In the case of a B.F. Perkins/Mullen Testers participant, age 50 and 15 years of service replaces age 55 and 10 years of service in the above description.

Employee Contributions

B.F. Perkins participants were allowed to make contributions prior to August 1, 1980.

Changes in Plan Provisions Since Last Actuarial Valuation

None.

Plan Name:	Standex International Corporation Pension Plans
EIN / PN:	31-0596149/ 001
Plan Sponsor:	Standex International Corporation
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions for the Hourly Pension Plan Divisions Formerly Covered by the James Burn/American and Williams Healthcare Systems Hourly Pension Plan

Coverage and Participation

All employees are eligible to participate under the Plan on the July 1 or January 1 on or after the completion of 12 months of employment and one year of Vesting Service.

Benefit Service and Vesting Service

For James Burn International, Benefit Service commences on July 1, 1978 and Vesting Service commences on date of hire. For American Binding Wire, Benefit Service and Vesting Service commence on July 1, 1991. For Williams Healthcare, Benefit Service and Vesting Service commence on date of hire.

Normal Retirement Benefit

Normal Retirement Date: The first day of the month on or after the attainment of age 65 or five years of participation in the plan.

Monthly Benefit: \$12.00 per year of credited service, for employees of the James Burns International Division and \$10.00 per year of credited service, for employees of Williams Manufacturing.

Normal Form of Retirement Income: Life Only.

Late Retirement

Late Retirement Date: First day of any month following Normal Retirement Date.

Monthly Benefit: Benefit commences upon actual retirement based on service on the retirement date.

Plan Name:	Standex International Corporation Pension Plans
EIN / PN:	31-0596149/ 001
Plan Sponsor:	Standex International Corporation
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

Early Retirement Date: First day of any month within the 10-year period preceding Normal Retirement Date, provided he then has 10 years of service.

Monthly Benefit: A deferred benefit equal to normal retirement benefit but based on service at Early Retirement Date; or an immediate benefit equal to the deferred benefit but reduced $\frac{1}{2}\%$ for each month that the employee's Early Retirement Date precedes his Normal Retirement Date.

Disability Benefit

None.

Vested Benefits Upon Termination of Service

Upon termination of employment when an employee has at least five years of Vesting Service, a deferred vested pension is payable at Normal Retirement Date equal to the benefit accrued to date of termination, or a reduced benefit payable at or after age 55 if employee has completed 10 years of Vesting Service.

Death Benefits for Participants in Active Service

Upon death after the attainment of age 55 and the completion of 10 years of service but before Normal Retirement Date, a death benefit is payable equal to the pension that would have been payable if the employee had retired early and had elected a 100% joint and survivorship option as of the first day of the month of death.

Upon death after the completion of 10 years of service but before age 55, a death benefit is payable equal to the pension that would have been payable had the employee terminated service on the date of death, survived to age 55, and retired with a 100% joint and survivorship option.

In the case of an employee who dies after having completed at least five years but less than 10 years of service, a death benefit is payable as above, except age 65 is used in place of age 55.

Employee Contributions

They are not required or permitted.

Changes in Plan Provisions Since Last Actuarial Valuation

None.

Plan Name:	Standex International Corporation Pension Plans
EIN / PN:	31-0596149/ 001
Plan Sponsor:	Standex International Corporation
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions for the Hourly Pension Plan Divisions Formerly Covered by the Master-Bilt Products Hourly Pension Plan

Coverage and Participation

All employees are eligible to participate under the Plan on the July 1 or January 1 on or after the completion of 12 months of employment and one year of Vesting Service.

Benefit Service

Commences on the later of date of hire or 12/1/71. Effective July 31, 2013 participants no longer earn benefit service in this sub-plan.

Vesting Service

Commences on the later of date of hire or 12/1/71.

Normal Retirement Benefit

Normal Retirement Date: The first day of the month on or after the attainment of age 65 or five years of participation in the plan.

Monthly Benefit: \$4.00 per year of credited service, after 12/1/71; \$5.00 per year of credited service, from 1/1/80 to 12/31/82; and \$7.00 per year of credited service, after 1/1/83.

Normal Form of Retirement Income: Life Only.

Late Retirement

Late Retirement Date: First day of any month following Normal Retirement Date.

Monthly Benefit: Benefit commences upon actual retirement based on service on the retirement date.

Plan Name:	Standex International Corporation Pension Plans
EIN / PN:	31-0596149/ 001
Plan Sponsor:	Standex International Corporation
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

Early Retirement Date: First day of any month within the 10-year period preceding Normal Retirement Date, provided he then has 10 years of service.

Monthly Benefit: A deferred benefit equal to normal retirement benefit but based on service at Early Retirement Date; or an immediate benefit equal to the deferred benefit but reduced $\frac{1}{2}\%$ for each month that the employee's Early Retirement Date precedes his Normal Retirement Date.

Disability Benefit

None.

Vested Benefits Upon Termination of Service

Upon termination of employment when an employee has at least five years of Vesting Service, a deferred vested pension is payable at Normal Retirement Date equal to the benefit accrued to date of termination, or a reduced benefit payable at or after age 55 if employee has completed 10 years of Vesting Service.

Death Benefits for Participants in Active Service

Upon death after the attainment of age 55 and the completion of 10 years of service but before Normal Retirement Date, a death benefit is payable equal to the pension that would have been payable if the employee had retired early and had elected a 100% joint and survivorship option as of the first day of the month of death.

Upon death after the completion of 10 years of service but before age 55, a death benefit is payable equal to the pension that would have been payable had the employee terminated service on the date of death, survived to age 55, and retired with a 100% joint and survivorship option.

In the case of an employee who dies after having completed at least five years but less than 10 years of service, a death benefit is payable as above, except age 65 is used in place of age 55.

Employee Contributions

They are not required or permitted.

Changes in Plan Provisions Since Last Actuarial Valuation

None.

Plan Name:	Standex International Corporation Pension Plans
EIN / PN:	31-0596149/ 001
Plan Sponsor:	Standex International Corporation
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions for the Hourly Pension Plan Divisions Formerly Covered by the National Metal Industries Hourly Pension Plan

Coverage and Participation

All employees are eligible to participate under the Plan on the July 1 or January 1 on or after the completion of 12 months of employment and one year of Vesting Service.

Benefit Service

Commences on date of hire.

Vesting Service

Commences on date of hire.

Normal Retirement Benefit

Normal Retirement Date: The first day of the month on or after the attainment of age 65 or five years of participation in the plan.

Monthly Benefit: \$26.00 per year of credited service, for retirements occurring prior to March 1, 2001; \$27.00 per year of credited service for retirements occurring prior to March 1, 2002; \$27.75 per year of credited service for retirements occurring prior to March 1, 2003; and \$28.25 for retirements occurring on or after March 1, 2003.

Normal Form of Retirement Income: Life Only.

Late Retirement

Late Retirement Date: First day of any month following Normal Retirement Date.

Monthly Benefit: Benefit commences upon actual retirement based on service on the retirement date.

Plan Name:	Standex International Corporation Pension Plans
EIN / PN:	31-0596149/ 001
Plan Sponsor:	Standex International Corporation
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

Early Retirement Date: First day of any month within the 10-year period preceding Normal Retirement Date, provided he then has 10 years of service.

Monthly Benefit: A deferred benefit equal to normal retirement benefit but based on service at Early Retirement Date; or an immediate benefit equal to the deferred benefit but reduced $\frac{1}{4}\%$ for each month up to 60 months and reduced $\frac{1}{2}\%$ for each month thereafter that the employee's Early Retirement Date precedes his Normal Retirement Date.

Disability Benefit

Eligibility: Completion of at least 10 years of credited service if the employee is also eligible to receive a Social Security disability pension.

Monthly Benefit: Benefit equal to normal retirement benefit based on service to date of disability.

Vested Benefits Upon Termination of Service

Upon termination of employment when an employee has at least five years of Vesting Service, a deferred vested pension is payable at Normal Retirement Date equal to the benefit accrued to date of termination, or a reduced benefit payable at or after age 55 if employee has completed 10 years of Vesting Service, such reduction to be $\frac{1}{4}\%$ for each month up to 36 months and $\frac{1}{2}\%$ for each month thereafter that the employee's Early Retirement Date precedes his Normal Retirement Date.

Death Benefits for Participants in Active Service

Upon death after the attainment of age 55 and the completion of 10 years of service but before Normal Retirement Date, a death benefit is payable equal to the pension that would have been payable if the employee had retired early and had elected a 50% joint and survivorship option as of the first day of the month of death.

Upon death after the completion of 10 years of service but before age 55, a death benefit is payable equal to the pension that would have been payable had the employee terminated service on the date of death, survived to age 55, and retired with a 50% joint and survivorship option.

In the case of an employee who dies after having completed at least five years but less than 10 years of service, a death benefit is payable as above, except age 65 is used in place of age 55.

Plan Name:	Standex International Corporation Pension Plans
EIN / PN:	31-0596149/ 001
Plan Sponsor:	Standex International Corporation
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Employee Contributions

They are not required or permitted.

Changes in Plan Provisions Since Last Actuarial Valuation

None.

Plan Name: Standex International Corporation Pension Plans
EIN / PN: 31-0596149/ 001
Plan Sponsor: Standex International Corporation
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions for the Hourly Pension Plan Divisions Formerly Covered by The Commercial Hourly Pension Plan

Coverage and Participation

All employees are eligible to participate under the Plan on the July 1 or January 1 on or after the completion of 12 months of employment and one year of Vesting Service.

Benefit Service

Commences on date of hire for BK Industries and July 1, 1970 for Mason Candlelight. Effective July 31, 2013 participants no longer earn benefit service in this sub-plan.

Vesting Service

Commences on date of hire for BK Industries and July 1, 1970 for Mason Candlelight.

Normal Retirement Benefit

Normal Retirement Date: The first day of the month on or after the attainment of age 65 or five years of participation in the plan.

Monthly Benefit: \$7.00 per year of credited service.

Normal Form of Retirement Income: Life Only.

Late Retirement

Late Retirement Date: First day of any month following Normal Retirement Date.

Monthly Benefit: Benefit commences upon actual retirement based on service on the retirement date.

Plan Name:	Standex International Corporation Pension Plans
EIN / PN:	31-0596149/ 001
Plan Sponsor:	Standex International Corporation
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

Early Retirement Date: First day of any month within the 10-year period preceding Normal Retirement Date, provided he then has 10 years of service.

Monthly Benefit: A deferred benefit equal to normal retirement benefit but based on service at Early Retirement Date; or an immediate benefit equal to the deferred benefit but reduced $\frac{1}{2}\%$ for each month that the employee's Early Retirement Date precedes his Normal Retirement Date.

Disability Benefit

None.

Vested Benefits Upon Termination of Service

Upon termination of employment when an employee has at least five years of Vesting Service, a deferred vested pension is payable at Normal Retirement Date equal to the benefit accrued to date of termination, or a reduced benefit payable at or after age 55 if employee has completed 10 years of Vesting Service.

Death Benefits for Participants in Active Service

Upon death after the attainment of age 55 and the completion of 10 years of service but before Normal Retirement Date, a death benefit is payable equal to the pension that would have been payable if the employee had retired early and had elected a 100% joint and survivorship option as of the first day of the month of death.

Upon death after the completion of 10 years of service but before age 55, a death benefit is payable equal to the pension that would have been payable had the employee terminated service on the date of death, survived to age 55, and retired with a 100% joint and survivorship option.

In the case of an employee who dies after having completed at least five years but less than 10 years of service, a death benefit is payable as above, except age 65 is used in place of age 55.

Employee Contributions

They are not required or permitted.

Changes in Plan Provisions Since Last Actuarial Valuation

None.

Plan Name:	Standex International Corporation Pension Plans
EIN / PN:	31-0596149/ 001
Plan Sponsor:	Standex International Corporation
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions for the Hourly Pension Plan Divisions Formerly Covered by The Custom Hoists Hourly Pension Plan

Coverage and Participation

All employees are eligible to participate under the Plan on the July 1 or January 1 on or after the completion of 12 months of employment and one year of Vesting Service.

Benefit Service

Commences on August 1, 1988. Effective September 30, 2015, participants no longer earn benefit service in this sub-plan.

Vesting Service

Commences on August 1, 1988.

Normal Retirement Benefit

Normal Retirement Date: The first day of the month on or after the attainment of age 65 or five years of participation in the plan.

Monthly Benefit

Benefit per Year of <u>Credited Service</u>	For Terminations <u>On or After</u>
\$23.00	July 1, 2000
\$24.00	July 1, 2001
\$25.00	July 1, 2002
\$26.00	July 1, 2003
\$28.00	July 1, 2004
\$30.00	July 1, 2005
\$31.00	July 1, 2006
\$32.00	July 1, 2007
\$34.00	July 1, 2008
\$35.00	July 1, 2010

Normal Form of Retirement Income: Life Only.

Plan Name: Standex International Corporation Pension Plans
EIN / PN: 31-0596149/ 001
Plan Sponsor: Standex International Corporation
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Late Retirement

Late Retirement Date: First day of any month following Normal Retirement Date.

Benefit: Benefit commences upon actual retirement based on service and compensation on the retirement date.

Early Retirement Benefit

Early Retirement Date: First day of any month within the 10-year period preceding Normal Retirement Date, provided he then has 10 years of service.

Monthly Benefit: A deferred benefit equal to normal retirement benefit but based on service at Early Retirement Date; or an immediate benefit equal to the deferred benefit but reduced ½% for each month that the employee's Early Retirement Date precedes his Normal Retirement date.

Disability Benefit

None.

Vested Benefits Upon Termination of Service

Upon termination of employment when an employee has at least five years of Vesting Service, a deferred vested pension is payable at Normal Retirement Date equal to the benefit accrued to date of termination, or a reduced benefit payable at or after age 55 if employee has completed 10 years of Vesting Service.

Death Benefits for Participants in Active Service

Upon death after the attainment of age 55 and the completion of 10 years of service but before Normal Retirement Date, a death benefit is payable equal to the pension that would have been payable if the employee had retired early and had elected a 100% joint and survivorship option as of the first day of the month of death.

Upon death after the completion of 10 years of service but before age 55, a death benefit is payable equal to the pension that would have been payable had the employee terminated service on the date of death, survived to age 55, and retired with a 100% joint and survivorship option.

In the case of an employee who dies after having completed at least five years but less than 10 years of service, a death benefit is payable as above, except age 65 is used in place of age 55.

Employee Contributions

They are not required or permitted.

Changes in Plan Provisions Since Last Actuarial Valuation

None.

Plan Name:	Standex International Corporation Pension Plans
EIN / PN:	31-0596149/ 001
Plan Sponsor:	Standex International Corporation
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions for the Hourly Pension Plan Divisions Formerly Covered by The Jarvis-East Hourly Pension Plan

Coverage and Participation

All employees are eligible to participate under the Plan on the July 1 or January 1 on or after the completion of 12 months of employment and one year of Vesting Service.

Benefit Service

Commences on date of hire.

Vesting Service

Commences on date of hire.

Normal Retirement Benefit

Normal Retirement Date: The first day of the month on or after the attainment of age 65 or five years of participation in the plan.

Monthly Benefit: \$25.00 per year of credited service, for terminations occurring after July 1, 1999, \$26.00 per year of credited service, for terminations occurring after July 1, 2000, \$29.00 per year of credited service, for terminations occurring after July 1, 2001.

Normal Form of Retirement Income: Life Only.

Late Retirement

Late Retirement Date: First day of any month following Normal Retirement Date.

Monthly Benefit: Benefit commences upon actual retirement based on service on the retirement date.

Plan Name:	Standex International Corporation Pension Plans
EIN / PN:	31-0596149/ 001
Plan Sponsor:	Standex International Corporation
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

Early Retirement Date: First day of any month within the 10-year period preceding Normal Retirement Date, provided he then has 10 years of service.

Monthly Benefit: A deferred benefit equal to normal retirement benefit but based on service at Early Retirement Date; or an immediate benefit equal to the deferred benefit but reduced $\frac{1}{4}\%$ for each complete month up to 36 months and reduced $\frac{1}{2}\%$ for each month thereafter, that the employee's Early Retirement Date precedes his Normal Retirement Date.

Disability Benefit

None.

Vested Benefits Upon Termination of Service

Upon termination of employment when an employee has at least five years of Vesting Service, a deferred vested pension is payable at Normal Retirement Date equal to the benefit accrued to date of termination, or a reduced benefit payable at or after age 55 if employee has completed 10 years of Vesting Service.

Death Benefits for Participants in Active Service

Upon death after the attainment of age 55 and the completion of 10 years of service but before Normal Retirement Date, a death benefit is payable equal to the pension that would have been payable if the employee had retired early and had elected a 50% joint and survivorship option as of the first day of the month of death.

Upon death after the completion of 10 years of service but before age 55, a death benefit is payable equal to the pension that would have been payable had the employee terminated service on the date of death, survived to age 55, and retired with a 50% joint and survivorship option.

In the case of an employee who dies after having completed at least five years but less than 10 years of service, a death benefit is payable as above, except age 65 is used in place of age 55.

Employee Contributions

They are not required or permitted.

Changes in Plan Provisions Since Last Actuarial Valuation

None.

Plan Name:	Standex International Corporation Pension Plans
EIN / PN:	31-0596149/ 001
Plan Sponsor:	Standex International Corporation
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan provisions for the Hourly Pension Plan Divisions Formerly Covered by the Procon Hourly Pension Plan

Coverage and Participation

All employees are eligible to participate under the Plan on the July 1 or January 1 on or after the completion of 12 months of employment and one year of Vesting Service.

Benefit Service

Commences on January 1, 1972. Effective July 31, 2013 participants no longer earn benefit service in this sub-plan.

Vesting Service

Commences on January 1, 1972.

Normal Retirement Benefit

Normal Retirement Date: The first day of the month on or after the attainment of age 65 or five years of participation in the plan.

Monthly Benefit

<u>Benefit per Year of Credited Service</u>	<u>For Terminations On or After</u>
\$24.00	October 1, 1995
\$27.00	October 1, 1996
\$30.00	October 1, 1997
\$31.00	October 1, 1998
\$32.00	October 1, 1999
\$33.00	October 1, 2000
\$34.00	October 1, 2002
\$35.00	October 1, 2003
\$37.00	October 1, 2004

Normal Form of Retirement Income: Life Only.

Late Retirement

Late Retirement Date: First day of any month following Normal Retirement Date.

Monthly Benefit: Benefit commences upon actual retirement based on service on the retirement date.

Plan Name: Standex International Corporation Pension Plans
EIN / PN: 31-0596149/ 001
Plan Sponsor: Standex International Corporation
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

Early Retirement Date: First day of any month within the 10-year period preceding Normal Retirement Date, provided he then has 15 years of service.

Monthly Benefit: A deferred benefit equal to normal retirement benefit but based on service at Early Retirement Date; or an immediate benefit equal to the deferred benefit but reduced $\frac{1}{2}\%$ for each month that the employee's Early Retirement Date precedes his Normal Retirement Date.

Disability Benefit

None.

Vested Benefits Upon Termination of Service

Upon termination of employment when an employee has at least five years of Vesting Service, a deferred vested pension is payable at Normal Retirement Date equal to the benefit accrued to date of termination, or a reduced benefit payable at or after age 55 if employee has completed 15 years of Vesting Service.

Death Benefits for Participants in Active Service

Upon death after the attainment of age 55 and the completion of 15 years of service but before Normal Retirement Date, a death benefit is payable equal to the pension that would have been payable if the employee had retired early and had elected a 100% joint and survivorship option as of the first day of the month of death.

Upon death after the completion of 15 years of service but before age 55, a death benefit is payable equal to the pension that would have been payable had the employee terminated service on the date of death, survived to age 55, and retired with a 100% joint and survivorship option.

In the case of an employee who dies after having completed at least five years but less than 15 years of service, a death benefit is payable as above, except age 65 is used in place of age 55.

Employee Contributions

They are not required or permitted.

Changes in Plan Provisions Since Last Actuarial Valuation

None.

Plan Name:	Standex International Corporation Pension Plans
EIN / PN:	31-0596149/ 001
Plan Sponsor:	Standex International Corporation
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions for the Hourly Pension Plan Divisions Formerly Covered by The Roehlen Engraving Hourly Pension Plan

Coverage and Participation

All employees are eligible to participate under the Plan on the July 1 or January 1 on or after the completion of 12 months of employment and one year of Vesting Service.

Benefit Service

Commences on date of hire. Effective July 31, 2013 participants no longer earn benefit service in this sub-plan.

Vesting Service

Commences on date of hire.

Normal Retirement Benefit

Normal Retirement Date: The first day of the month on or after the attainment of age 62 or five years of participation in the plan.

Monthly Benefit: The greater of (1) or (2)

(1) 1% of the final 10-year average monthly salary multiplied by years and nearest months of credited service plus \$50. Effective for retirements after 7/1/2001: 1% of the final 8-year average monthly salary multiplied by years and nearest months of credited service plus \$50.

(2) Years of continuous service multiplied by:

- \$23.00 for terminations prior to 7/1/1997
- \$25.00 for terminations on or after 7/1/1997
- \$27.00 for terminations on or after 7/1/1998
- \$29.00 for terminations on or after 7/1/1999
- \$31.00 for terminations on or after 7/1/2000
- \$37.00 for terminations on or after 7/1/2001

Normal Form of Retirement Income: Life Only.

Plan Name: Standex International Corporation Pension Plans
EIN / PN: 31-0596149/ 001
Plan Sponsor: Standex International Corporation
Valuation Date: January 1, 2016

SCHEDULE SB ATTACHMENTS

Late Retirement

Late Retirement Date: First day of any month following Normal Retirement Date.

Monthly Benefit: Benefit commences upon actual retirement based on service and compensation on the retirement date.

Early Retirement Benefit

Early Retirement Date: First day of any month following age 55 and completion of 15 years of service.

Monthly Benefit: A deferred benefit equal to normal retirement benefit but based on service at Early Retirement Date; or an immediate benefit equal to the deferred benefit unreduced at age 62, reduced 3% per year from age 62 to age 59, and reduced 6% per year from age 59 to age 55.

Disability Benefit

Eligibility: 15 years of continuous service.

Monthly Benefit: Prior to attainment of age 65, the greater of (1) \$960 per year, or (2) the benefit accrued to disability retirement date based on service and average salary to date of disability.

After attainment of age 65, the benefit accrued to disability retirement date based on service and average salary to date of disability.

Vested Benefits Upon Termination of Service

Upon termination of employment when an employee has at least five years of Vesting Service, a deferred vested pension is payable at Normal Retirement Date equal to the benefit accrued to date of termination, or a reduced benefit payable at or after age 55 if employee has completed 15 years of Vesting Service.

Plan Name:	Standex International Corporation Pension Plans
EIN / PN:	31-0596149/ 001
Plan Sponsor:	Standex International Corporation
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Death Benefits for Participants in Active Service

Upon death after the attainment of age 55 and the completion of 15 years of service but before Normal Retirement Date, a death benefit is payable equal to the pension that would have been payable if the employee had retired early and had elected a 50% joint and survivorship option as of the first day of the month of death.

Upon death after the completion of 15 years of service but before age 55, a death benefit is payable equal to the pension that would have been payable had the employee terminated service on the date of death, survived to age 55, and retired with a 50% joint and survivorship option.

In the case of an employee who dies after having completed at least five years but less than 15 years of service, a death benefit is payable as above, except age 65 is used in place of age 55.

Employee Contributions

They are not required or permitted.

Changes in Plan Provisions Since Last Actuarial Valuation

None.

Plan Name:	Standex International Corporation Pension Plans
EIN / PN:	31-0596149/ 001
Plan Sponsor:	Standex International Corporation
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions for the Divisions Formerly Covered by Standex International Corporation Retirement Plan

Plan Year

The twelve-month period ending June 30.

Coverage and Participation

All employees are eligible to participate under the Plan on the July 1 or January 1 on or after the completion of one year of Vesting Service. No new participants are allowed to enter the plan after December 31, 2007.

Benefit Service

1,000 hours in a plan year, effective with date of commencement. Service after December 31, 2007 is excluded.

Vesting Service

1,000 hours in a plan year, effective with date of commencement.

Normal Retirement Benefit

Normal Retirement Date: The first day of the month on or after attainment of age 65 or five years of participation in the plan.

Monthly Benefit: Accrual rate x the average of the highest three consecutive years of monthly compensation x Benefit Service with a minimum of \$35 per month x Benefit Service. If greater, the June 30, 1989 accrued benefit.

Accrual Rates:

CEO	3.85%
Other	1.35%

Participants in the positions of Corporate Vice President, Group Vice President, or Division President, who formerly earned higher accrual rates under the Plan receive the greater of the benefit described above or the June 30, 2002 accrued benefit.

Effective December 31, 2007, accrued benefits were frozen.

Normal Form of Retirement Income: Life Only.

Plan Name:	Standex International Corporation Pension Plans
EIN / PN:	31-0596149/ 001
Plan Sponsor:	Standex International Corporation
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Late Retirement

Late Retirement Date: First day of any month following Normal Retirement Date.

Monthly Benefit: Benefit commences upon actual retirement based on service and compensation on the retirement date.

Early Retirement Benefit

Early Retirement Date: Age 55 and 10 years of service.

Monthly Benefit: A deferred benefit equal to normal retirement benefit but based on service at Early Retirement Date; or an immediate benefit equal to the deferred benefit but reduced $\frac{1}{4}\%$ for each month that the employee's Early Retirement Date precedes his Normal Retirement Date.

Disability Benefit

None.

Vested Benefits Upon Termination of Service

Upon termination of employment when an employee has at least five years of Vesting Service, a deferred vested pension is payable at Normal Retirement Date equal to the benefit accrued to date of termination, or a reduced benefit payable at or after age 55 if employee has completed 10 years of Vesting Service.

Death Benefits for Participants in Active Service

Upon death after the attainment of age 55 and the completion of 10 years of service but before Normal Retirement Date, a death benefit is payable equal to the pension that would have been payable if the employee had retired early and had elected a 100% joint and survivorship option as of the first day of the month of death.

Upon death after the completion of 10 years of service but before age 55, a death benefit is payable equal to the pension that would have been payable had the employee terminated service on the date of death, survived to age 55, and retired with a 100% joint and survivorship option.

In the case of an employee who dies after having completed at least five years but less than 10 years of service, a death benefit is payable as above, except age 65 is used in place of age 55.

Plan Name:	Standex International Corporation Pension Plans
EIN / PN:	31-0596149/ 001
Plan Sponsor:	Standex International Corporation
Valuation Date	January 1, 2016

SCHEDULE SB ATTACHMENTS

Employee Contributions

They are not required or permitted.

Changes in Plan Provisions Since Last Actuarial Valuation

None.

Plan Name:	Standex International Corporation Pension Plans
EIN / PN:	31-0596149/ 001
Plan Sponsor:	Standex International Corporation
Valuation Date	January 1, 2016

Plan Name	Standex Internationals Corporation Pension Plan
Plan Sponsor EIN	31-0596149
ERISA Plan #	001
Plan Year Ending	June 30, 2017

The required attachment marked with an "X" in the Attachment column is included within the "Signed Schedule MB or Schedule SB" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attachment
5500 Sch. SB	None	Statement by Enrolled Actuary		X
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Part V	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		X
5500 Sch. SB		Other Attachment [Enter Description]		

Plan Name	Standex Internationals Corporation Pension Plan
Plan Sponsor EIN	31-0596149
ERISA Plan #	001
Plan Year Ending	June 30, 2017

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	Standex Internationals Corporation Pension Plan
Plan Sponsor EIN	31-0596149
ERISA Plan #	001
Plan Year Ending	June 30, 2017

The required attachment marked with an "X" in the Attachment column is included within the "Signed Schedule MB or Schedule SB" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attachment
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5500 Sch. SB		Other Attachment [Enter Description]		