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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
YOUNG INNOVATIONS, INC. 401(K) PROGRAM

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 08/01/1994

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)

YOUNG INNOVATIONS, INC.

2260 WENDT ST.
ALGONQUIN, IL 60102

2b Employer Identification Number (EIN)
43-1718931

2c Plan Sponsor's telephone number
847-458-5400

2d Business code (see instructions)
339900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2018	MELISSA BRAUN
	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

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	452
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)**	337
a(2) Total number of active participants at the end of the plan year	**6a(2)**	404
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	118
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	523
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	524
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	489
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	53
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:

3D 2E 2F 2G 2J 2K 2T

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

(1)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[ ]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[ ]		**D** (DFE/Participating Plan Information)
(6)	[ ]		**G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2017** **This Form is Open to Public Inspection.**

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

A Name of plan
YOUNG INNOVATIONS, INC. 401(K) PROGRAM

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
YOUNG INNOVATIONS, INC.

D Employer Identification Number (EIN)
43-1718931

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	59918	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BWG GLB OPP BOND I - BNY MELLON IN P.O. BOX 9793 PROVIDENCE, RI 02940	0.15%

(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

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(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: CROWE HORWATH

b EIN: 35-0921680

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:

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a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

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

A Name of plan
YOUNG INNOVATIONS, INC. 401(K) PROGRAM

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
YOUNG INNOVATIONS, INC.

D Employer Identification Number (EIN)
43-1718931

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	875444	890981
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	69307	36952
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	15520396	18963911
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	**1d(1)**	0	0
	(2) Employer real property	**1d(2)**	0	0
e	Buildings and other property used in plan operation	**1e**	0	0
f	Total assets (add all amounts in lines 1a through 1e)	**1f**	16465147	19891844
	Liabilities			
g	Benefit claims payable	**1g**	0	0
h	Operating payables	**1h**	0	0
i	Acquisition indebtedness	**1i**	0	0
j	Other liabilities	**1j**	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	**1k**	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	**1l**	16465147	19891844

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)**	457003	
	(B) Participants	**2a(1)(B)**	1543338	
	(C) Others (including rollovers)	**2a(1)(C)**	152966	
	(2) Noncash contributions	**2a(2)**	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	**2a(3)**		2153307
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	**2b(1)(A)**	4156	
	(B) U.S. Government securities	**2b(1)(B)**	0	
	(C) Corporate debt instruments	**2b(1)(C)**	0	
	(D) Loans (other than to participants)	**2b(1)(D)**	0	
	(E) Participant loans	**2b(1)(E)**	2309	
	(F) Other	**2b(1)(F)**	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	**2b(1)(G)**		6465
	(2) Dividends: **(A)** Preferred stock	**2b(2)(A)**	0	
	(B) Common stock	**2b(2)(B)**	0	
	(C) Registered investment company shares (e.g. mutual funds)	**2b(2)(C)**	609229	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	**2b(2)(D)**		609229
	(3) Rents	**2b(3)**		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	**2b(4)(A)**	0	
	(B) Aggregate carrying amount (see instructions)	**2b(4)(B)**	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	**2b(4)(C)**		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	**2b(5)(A)**	0	
	(B) Other	**2b(5)(B)**	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	**2b(5)(C)**		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2335528
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		5104529
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1617914	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1617914
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	59918	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		59918
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1677832
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3426697
l Transfers of assets:			
(1) To this plan	2l(1)		0
(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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: CROWE LLP **(2)** EIN: 35-0921680

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
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		10245
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

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

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

2017

This Form is Open to Public Inspection.

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

A Name of plan
YOUNG INNOVATIONS, INC. 401(K) PROGRAM

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
YOUNG INNOVATIONS, INC.

D Employer Identification Number (EIN)
43-1718931

Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

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): _____

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Balances by Fund

Calendar Day	DC Plan	Fund	Fund Ticker Symbol	Market Value
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	0038-FID CAPITAL & INCOME	FAGIX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	0039-FID VALUE	FDVLX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	0303-FID REAL ESTATE INVS	FRESX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	0304-FID BALANCED	FBALX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	0305-FID INTL DISCOVERY	FIGRX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	0307-FID CAPITAL APPREC	FDCAX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	0312-FID BLUE CHIP GR	FBGRX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	0316-FID LOW PRICED STK	FLPSX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	0336-FID STK SEL SM CAP	FDSCX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	0369-FID FREEDOM INCOME	FFFAX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	0370-FID FREEDOM 2000	FFFBX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	0371-FID FREEDOM 2010	FFFCX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	0372-FID FREEDOM 2020	FFFDX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	0373-FID FREEDOM 2030	FFFEX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	0399-FID INTL INDEX INV	FSIIX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	0630-FMMT RETIRE GOV II	FRTXX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	0650-FID 500 INDEX INV	FUSEX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	0651-FID US BOND IDX INV	FBIDX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	0718-FID FREEDOM 2040	FFFFX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	0820-FID TOTAL BOND	FTBFX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	1312-FID FREEDOM 2005	FFFVX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	1313-FID FREEDOM 2015	FFVFX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	1314-FID FREEDOM 2025	FFTWX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	1315-FID FREEDOM 2035	FFTHX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	1522-FID INTL INDEX PR	FSIVX	$302,512.78
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	1523-FID 500 INDEX PR	FUSVX	$2,141,704.48
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	1617-FID FREEDOM 2045	FFFGX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	1618-FID FREEDOM 2050	FFFHX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	1979-FID INTL GROWTH	FIGFX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	2324-FID US BOND IDX PR	FSITX	$323,478.75
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	2326-FID US BOND IDX IPR	FXNAX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	2328-FID 500 INDEX IPR	FXAIX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	2331-FID FREEDOM 2055	FDEEX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	2350-FID MID CAP IDX PR	FSCKX	$174,167.90
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	2352-FID MID CAP IDX IPR	FSMDX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	2363-FID INTL INDEX IPR	FSPSX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	2708-FID FREEDOM 2060	FDKVX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OEFC-DFA INTL CORE EQ I	DFIEX	$45,639.14
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OEMH-MFS UTILITIES R4	MMUJX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OEPW-GS SATELLITE STR A	GXSAX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OF2W-RAINIER SM/MID CAP	RIMSX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OFA2-ABF LG CAP VAL INV	AAGPX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OFAP-PIMCO TOT RETURN ADM	PTRAX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OFR3-LD ABBETT DEV GRTH A	LAGWX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OICM-AF US GOVT MM R6	RAFXX	$890,981.08
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OIPN-TRP DIV GROWTH I	PDGIX	$156,808.96
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OIXY-GS SATELLITE STR R6	GXSUX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OIZM-DEUT SEL ALT ALLC R6	SELUX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OK26-INVESCO DIVRS DIV R6	LCEFX	$363,002.15
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OKGL-NUVEEN NWQ SMCP VL I	NSCRX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OKRG-DFA US TARGET VALUE	DFFVX	$222,349.76
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OKSS-PGIM J MID-CAP GR A	PEEAX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OKVZ-DFA INTL VALUE I	DFIVX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OLCX-OPPHMR INTL BOND Y	OIBYX	$0.00

12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OLDB-BLKRK HIGH YLD BD K	BRHYX	$345,871.54
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OLRS-DFA INTL SM CAP VAL	DISVX	$195,349.08
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OLVP-TRP SM CAP VAL ADV	PASVX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OLZT-TRP NEW AM GRTH ADV	PAWAX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OMYJ-WFA SM CAP VAL INV	SSMVX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OQFI-INVS MDCP CORE EQ A	GTAGX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OQMQ-AF GRTH FUND AMER R4	RGAEX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OQNH-VANG EXPLORER ADM	VEXRX	$245,098.51
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OQNS-VICTORY DIVERS STK A	SRVEX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OQSC-ARTISAN MID CAP VAL	ARTQX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OS0K-IS R2000 SM-CAP K	BDBKX	$342,181.04
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OS2G-PIONEER FNDML GRTH K	PFGKX	$2,464,733.79
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OSLW-WA CORE PLUS BOND I	WACPX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OSMN-JPM US EQUITY I	JUESX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OSOD-ROYCE SM CO GR SVC	RYVPX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OSQ1-FKLN UTILITIES R6	FUFRX	$261,624.24
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OSRF-DFA EMERGING MARKETS	DFEMX	$309,627.85
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OU1M-J H ENTERPRISE N	JDMNX	$520,764.86
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OUBE-AF EUROPAC GROWTH R6	RERGX	$966,958.05
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OUBT-AF BALANCED R6	RLBGX	$1,402,534.74
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OUE0-DWS R REAL ASSETS R6	AAAVX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OUTB-BWG GLB OPP BOND IS	GOBSX	$26,696.08
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OUTE-WA CORE PLS BOND IS	WAPSX	$408,907.85
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OY4Y-BWG GLB OPP BOND I	GOBIX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OYT6-DEUT SEL ALT ALLC IS	SELIX	$0.00
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OYVX-DFA REAL EST SEC I	DFREX	$245,018.96
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OYY1-VANG MDCPVAL IDX ADM	VMVAX	$1,485,086.77
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OYYM-BLKRK LP IDX RTMT K	LIRKX	$179,359.10
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OYYN-BLKRK LP IDX 2020 K	LIMKX	$564,493.63
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OYYO-BLKRK LP IDX 2030 K	LINKX	$1,047,574.90
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OYYP-BLKRK LP IDX 2040 K	LIKKX	$934,857.83
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OYYQ-BLKRK LP IDX 2050 K	LIPKX	$900,681.38
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OYZ1-JHANCOCK INCOME R6	JSNWX	$6,851.25
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OYZL-BLKRK LP IDX 2025 K	LIBKX	$376,828.54
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OYZM-BLKRK LP IDX 2035 K	LIJKX	$886,668.63
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OYZN-BLKRK LP IDX 2045 K	LIHKX	$594,114.28
12/31/2017	37448-YOUNG INNOVATIONS (Qual)	OYZO-BLKRK LP IDX 2055 K	LIVKX	$522,364.52

Calendar Day is equal to 12/31/2017

YOUNG INNOVATIONS, INC.
401(k) PROGRAM

FINANCIAL STATEMENTS
December 31, 2017 and 2016

YOUNG INNOVATIONS INC.
401(k) PROGRAM

FINANCIAL STATEMENTS
December 31, 2017 and 2016

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Crowe LLP
Independent Member Crowe Global

INDEPENDENT AUDITOR'S REPORT

Plan Administrator
Young Innovations, Inc.
401(k) Program
Algonquin, Illinois

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Young Innovations, Inc. 401(k) Program (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 G, which was certified by Fidelity Management 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 certification from the trustee as of December 31, 2017 and 2016 and for the year ended December 31, 2017 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.

(Continued)

Other Matters

The supplemental Schedule H – Line 4i Schedule of Assets (Held at End of Year) as of December 31, 2017 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for purposes of additional analysis and is 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 the supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the 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.

Crowe LLP

Oak Brook, Illinois
October 11, 2018

YOUNG INNOVATIONS, INC.
401(k) PROGRAM
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2017 and 2016

	2017	2016
ASSETS		
Investments, at fair value	$ 19,854,892	$ 16,395,840
Notes receivable from participants	36,952	69,307
NET ASSETS AVAILABLE FOR BENEFITS	$ 19,891,844	$ 16,465,147

See accompanying notes to financial statements.

YOUNG INNOVATIONS, INC.
401(k) PROGRAM
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2017

Additions to net assets attributable to:	
Net appreciation in fair value of investments	$ 2,335,528
Interest and dividends	613,385
Interest income on notes receivable from participants	2,309
Contributions	
Company	457,003
Participant	1,543,338
Rollover	152,966
Total contributions	2,153,307
Total additions	5,104,529
Deductions of net assets attributable to:	
Benefits paid to participants	1,617,914
Administrative expenses	59,918
Total deductions	1,677,832
Net increase	3,426,697
Net assets available for benefits	
Beginning of year	16,465,147
End of year	$ 19,891,844

See accompanying notes to financial statements.

NOTE A - DESCRIPTION OF PLAN

The following description of the Young Innovations, Inc. 401(k) Program (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General: The Plan is a defined contribution retirement plan covering eligible employees of Young Innovations, Inc. and its participating subsidiaries (collectively, the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Contributions: Employees may contribute up to 100% of their eligible earnings, as defined in the Plan, to the Plan through payroll deductions. Participants' contributions are invested in investment funds as directed by the participants. Employees are automatically enrolled at a 6% deferral rate upon becoming eligible to participate in the Plan and they may elect to change or discontinue deferrals at any time.

The Company may contribute a discretionary matching contribution to each eligible participant. For 2017, the Company elected to make matching contributions equal to 50% of the first 6% of elective deferrals that a participant contributed to the Plan up to a maximum of 3%. In addition, each year the Company may make a discretionary profit-sharing contribution to the Plan on behalf of the participants. For the year ended December 31, 2017, the Company did not elect to make a profit-sharing contribution.

Contributions are subject to certain limitations.

Vesting: Participants are vested immediately in their contributions and rollovers, plus actual earnings thereon. Vesting in the Company's contribution portion of each participant's account, plus earnings thereon, is based on years of continuous service. A participant's account vests one-third each year following the first year of service and is 100% vested after four years of credited service, except for employees of Young Microbrush LLC, whose accounts vest immediately.

Notes Receivables from Participants: Participants may borrow from their fund accounts a minimum of $1,000, up to a maximum of the lesser amount of 50% of their vested account balance or $50,000, less the highest outstanding loan balance during the previous 12 months. The loans are secured by the balance in the participant's account and bear interest at a rate determined by the plan administrator based on prevailing market conditions. Principal and interest are paid ratably through payroll deductions and cannot exceed five years unless the loan is for the purchase of a participant's primary residence.

Forfeited Accounts: The Plan allows for the use of the non-vested portion of the Company contribution upon five consecutive one-year breaks in service from the Company or the distribution of the entire vested portion of the participant's account. Forfeited non-vested accounts are used to reduce the employer matching contributions.

Payment of Benefits: Upon termination of service, a participant (or their beneficiary upon the death of the participant) is eligible to receive an amount equal to the value of the participant's vested interest in his or her account in a lump-sum payment. In certain circumstances, participants may make hardship withdrawals as defined in the Plan. In-service withdrawals of vested accounts are permitted after the attainment of age 59-1/2.

(Continued)

NOTE A - DESCRIPTION OF PLAN (Continued)

Participant Accounts: Individual accounts are maintained for each plan participant. Each participant's account is credited with the participant's contributions, Company contributions and an allocation of the Plan's earnings, and is decreased by withdrawals and an allocation of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Upon enrollment in the Plan, participants may invest their accounts in any of several investment options available under the Plan. Participants can change their elections any business day, either through an automated voice response system or via the Internet.

Retirement, Death and Disability: A participant is entitled to 100% of his or her account balance upon retirement, death or disability.

Administrative and Investment Management Expenses: Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to the administration of notes receivable from participants and distribution processing fees are charged directly to the participant's account and are included in administrative expenses. Investment management fees are charged to the Plan as a reduction of investment return and included in the investment income (loss) reported by the Plan.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect certain reported amounts and disclosures and actual results could differ from these estimates.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date in the Plan's principal or most advantageous market for the asset or liability. See Note C for discussion of fair value measurements.

Purchases and sales 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.

Notes Receivable from Participants: Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received through payroll deductions and the notes are collateralized by the participants' account balances. Delinquent participant loans are reclassified as distributions based on the terms of the Plan agreement.

Risks and Uncertainties: The Plan holds various investments. Investments are exposed to various risks such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the fair values of investments will occur in the new term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

(Continued)

NOTE C - FAIR VALUE MEASUREMENTS

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following presents the valuation methods and assumptions used by the Plan to estimate fair values of investments.

Mutual Funds: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation method is 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.

Investments measured at fair value on a recurring basis are summarized below:

	Fair Value Measurements at December 31, 2017 Using			
	(Level 1)	(Level 2)	(Level 3)	Total
Mutual funds	$ 19,854,892	$ -	$ -	$ 19,854,892
Total investments	$ 19,854,892	$ -	$ -	$ 19,854,892

	Fair Value Measurements at December 31, 2016 Using			
	(Level 1)	(Level 2)	(Level 3)	Total
Mutual funds	$ 16,395,840	$ -	$ -	$ 16,395,840
Total investments	$ 16,395,840	$ -	$ -	$ 16,395,840

(Continued)

NOTE D - PLAN TERMINATION

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

NOTE E - TAX STATUS

The Internal Revenue Service issued an opinion letter dated March 31, 2014 indicating that the prototype adopted by the Plan, as then designed, was in compliance with applicable requirements of the Internal Revenue Code. Although the Plan has been amended from the original prototype document, plan management believes that the Plan is currently being operated in accordance with the Internal Revenue Code. Therefore, the plan administrator believes that the Plan was qualified and that the related trust was tax-exempt as of the financial statement dates.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2017 and 2016, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes that it is no longer subject to income tax examinations for years prior to 2014.

NOTE F - PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Some administrative expenses of the Plan are paid directly by the Company. The Plan's investments include shares of mutual funds managed by Fidelity Management Trust Company (Fidelity), the trustee of the Plan, or its affiliate. Therefore, these investments qualify as party-in-interest transactions. Fees paid to the trustee or affiliates of the trustee also qualify as party-in-interest transactions. Notes receivable from participants also reflect party-in-interest transactions.

NOTE G - UNAUDITED INFORMATION – CERTIFIED INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS

Substantially all information pertaining to the Plan's investments and notes receivable from participants included in the financial statements, including the associated investment income (loss) and interest earned on notes receivable from participants, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the trustee of the Plan. This information has not been audited by independent accounts.

(Continued)

NOTE H - SUBSEQUENT EVENTS

The Plan was amended effective April 1, 2018, to merge the American Eagle Instruments, Inc. Cash or Deferred Profit Sharing Plan into the Plan. Employees of American Eagle Instruments, LLC became eligible to participate in the Plan, and $2,880,588 (unaudited) of assets were transferred into the Plan as a result of the merger.

Plan management has evaluated subsequent events for recognition and disclosure through October 11, 2018, which is the date the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

YOUNG INNOVATIONS, INC.
401(k) PROGRAM
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2017

Name of Plan Sponsor:	Young Innovations, Inc.
Employer Identification Number:	43-1718931
Three-Digit Plan Number:	001

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Mutual Funds		
*	Fidelity Investments	Mid Cap Index PR	**	$ 174,168
*	Fidelity Investments	Spartan International Index Fund	**	302,513
*	Fidelity Investments	Spartan 500 Index Fund	**	2,141,704
*	Fidelity Investments	Spartan U.S. Bond Index Fund	**	323,479
	Blackrock	Blackrock LifePath Index 2020 Class K	**	564,494
	Blackrock	Blackrock LifePath Index 2025 Class K	**	376,828
	Blackrock	Blackrock LifePath Index 2030 Class K	**	1,047,575
	Blackrock	Blackrock LifePath Index 2035 Class K	**	886,669
	Blackrock	Blackrock LifePath Index 2040 Class K	**	934,858
	Blackrock	Blackrock LifePath Index 2045 Class K	**	594,114
	Blackrock	Blackrock LifePath Index 2050 Class K	**	900,681
	Blackrock	Blackrock LifePath Index 2055 Class K	**	522,364
	Blackrock	Blackrock LifePath Index Retirement Class K	**	179,359
	Blackrock	Blackrock Small Cap Index Class K	**	342,181
	Blackrock	Blackrock Highest Yield Bond Class K	**	345,871
	Pioneer Investments	Pioneer Fundamental Growth Class K	**	2,464,734
	Vanguard	Mid Cap Value index	**	1,485,087
	Vanguard	Vanguard Explorer Fund	**	245,099
	American Funds	AF Balanced R6 Fund	**	1,402,535
	American Funds	AF U.S. Government Money Market Class R6	**	890,981
	American Funds	AF EuroPacific Growth Class R6	**	966,958
	T. Rowe Price	Dividend Growth Class I	**	156,809
	Janus Henderson	JH Enterprise Fund Class N	**	520,765
	Western Asset	Core Plus Bond Fund	**	408,908
	Legg Mason	BW Global Opportunities Bond Fund	**	26,696
	John Hancock	John Hancock Income Fund Class R6	**	6,851
	Invesco	Invesco Diversified Dividend Fund Class R6	**	363,002
	Dimensional Fund Advisors, Inc.	Dimensional Emerging Markets Portfolio	**	309,628
	Dimensional Fund Advisors, Inc.	Dimensional US Target	**	222,350
	Dimensional Fund Advisors, Inc.	Dimensional International Core Equity Class I	**	45,639
	Dimensional Fund Advisors, Inc.	Dimensional International Small Cap Value	**	195,349
	Dimensional Fund Advisors, Inc.	Dimension Real Estate Securities Institutional	**	245,019
	Franklin Templeton Investments	Franklin Utilities Fund Class R6	**	261,624
*	Participant loans	Varying maturities, interest rates ranging from 4.25% to 9.25%		36,952
				$ 19,891,844

* Represents a party-in-interest.
** Cost information omitted as all investments are fully participant directed.

See independent auditor's report.