

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</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); or ☒ 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>R. G. BARRY CORPORATION ASSOCIATES' RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1973</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/1973</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>01/01/1973</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>R.G. BARRY CORPORATION</u> <u>13405 YARMOUTH RD. NW</u> <u>PICKERINGTON, OH 43147</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-4362899</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>614-864-6400</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>316210</u></td> </tr> <tr> <td style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-4362899</u>	2c Plan Sponsor's telephone number <u>614-864-6400</u>	2d Business code (see instructions) <u>316210</u>	
2b Employer Identification Number (EIN) <u>31-4362899</u>					
2c Plan Sponsor's telephone number <u>614-864-6400</u>					
2d Business code (see instructions) <u>316210</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2015	DRU WILLIAMS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

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:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	858
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)	29
a(2) Total number of active participants at the end of the plan year		6a(2)	24
b Retired or separated participants receiving benefits		6b	644
c Other retired or separated participants entitled to future benefits.....		6c	139
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	807
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	25
f Total. Add lines 6d and 6e		6f	832
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	0
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 1B 1I			
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	
(2)	☐	Code section 412(e)(3) insurance contracts	
(3)	☒	Trust	
(4)	☐	General assets of the sponsor	
(1)	☐	Insurance	
(2)	☐	Code section 412(e)(3) insurance contracts	
(3)	☒	Trust	
(4)	☐	General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1)	☒	(1)	☒
R (Retirement Plan Information)		H (Financial Information)	
(2)	☐	(2)	☐
MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		I (Financial Information – Small Plan)	
(3)	☒	(3)	☐
SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		A (Insurance Information)	
		(4)	☒
		(5)	☐
		(6)	☐
			C (Service Provider Information)
			D (DFE/Participating Plan Information)
			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 2014 Form M-1 annual report. If the plan was not required to file the 2014 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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
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 R. G. BARRY CORPORATION ASSOCIATES' RETIREMENT PLAN	B Three-digit plan number (PN) 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF R.G. BARRY CORPORATION	D Employer Identification Number (EIN) 31-4362899
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 01 Day 01 Year 2014			
2	Assets:			
a	Market value	2a	34456090	
b	Actuarial value	2b	34034168	
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	674	22016941	22016941
b	For terminated vested participants	155	4251093	4251093
c	For active participants	29	1471912	1483324
d	Total	858	27739946	27751358
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	6.34%	
6	Target normal cost	6	235000	

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		09/10/2015
Signature of actuary		Date
JASON M. BRAVO		14-05569
Type or print name of actuary		Most recent enrollment number
HEWITT ASSOCIATES LLC		216-573-9700
Firm name		Telephone number (including area code)
5005 ROCKSIDE ROAD, SUITE 1000 INDEPENDENCE, OH 44131-6828		
Address of the firm		

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)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____%		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		425451
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>6.19</u> %		26335
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		451786
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	122.63 %
15 Adjusted funding target attainment percentage	15	122.63 %
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	115.58 %
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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 64
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	235000
b Excess assets, if applicable, but not greater than line 31a		31b	235000
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		0	0
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
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	
43 Excess installment acceleration amount to be carried over to future plan years		43	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>R. G. BARRY CORPORATION ASSOCIATES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>R.G. BARRY CORPORATION</u>	D Employer Identification Number (EIN) <u>31-4362899</u>

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)..... ☒ 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	
<u>DELAWARE INVESTMENTS</u>	<u>2005 MARKET STREET</u> <u>ONE COMMERCE SQUARE</u> <u>PHILADELPHIA, PA 19103-7094</u>

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
<u>VANGUARD</u>	<u>P.O.BOX 1101</u> <u>VALLEY FORGE, PA 19482-1101</u>

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
<u>HARBOR FUNDS</u>	<u>111 S WACKER DR</u> <u>CHICAGO, IL 60606</u>

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
<u>DODGE & COX</u>	<u>94-1441976</u>

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

HANSBERGER GROWTH INVESTORS, LP

550 SCIENCE DR.
MADISON, WI 53711

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

LAZARD ASSET MANAGEMENT

30 ROCKEFELLAR PLAZA
57TH FLOOR
NEW YORK, NY 10112-6300

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

FORWARD GLOBAL

101 CALIFORNIA STREET
16TH FLOOR
SAN FRANCISCO, CA 94111

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

HARTFORD FUNDS

30 DAN ROAD
SUITE 55022
CANTON, MA 02021-2809

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

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

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

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

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

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

HUNTINGTON NATIONAL BANK

13-5160382

(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 28 50	NONE	101308	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEWITT ASSOCIATES

36-2235791

(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	42780	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HIGHLAND CONSULTING

34-1753575

(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 50	NONE	29651	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)

JACOB, HAXTON & BOORD, LLC

20-0754801

(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?
14 50	NONE	14800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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 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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>R. G. BARRY CORPORATION ASSOCIATES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>R.G. BARRY CORPORATION</u>	D Employer Identification Number (EIN) <u>31-4362899</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	101735	115688
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	492016	1098934
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	33862339	35551045
(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	34456090	36765667

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	34456090	36765667
---	-----------	----------	----------

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)	2363	
(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)		2363
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2336265	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2336265
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(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)		
(B) Other	2b(5)(B)	2053578	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2053578

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		434902
c Other income.....	2c		6536
d Total income. Add all income amounts in column (b) and enter total.....	2d		4833644

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2294830	
(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)		2294830
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)	158888	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	29651	
(4) Other.....	2i(4)	40698	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		229237
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2524067

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2309577
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: SCHNEIDER DOWNS

(2) EIN: 25-1408703

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

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

Part IV Compliance Questions

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

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		5000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
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			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust HUNTINGTON NATIONAL BANK	6b Trust's EIN 135160382
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SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>R. G. BARRY CORPORATION ASSOCIATES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>R.G. BARRY CORPORATION</u>	D Employer Identification Number (EIN) <u>31-4362899</u>

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	<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>31-0966785</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>0</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)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: 0.0% 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): _____

R.G. BARRY CORPORATION
ASSOCIATES' RETIREMENT PLAN
Pickerington, Ohio

Financial Statements
and
Supplementary Financial Information
As of December 31, 2014 and 2013
and for the years then ended
and Independent Auditors' Report Thereon



SCHNEIDER DOWNS

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INDEPENDENT AUDITORS' REPORT

To the Trustees
R.G. Barry Corporation Associates' Retirement Plan
Pickerington, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of R.G. Barry Corporation Associates' Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' 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 (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by The Huntington National Bank Institutional Trust Division, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. 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 and for the years ended December 31, 2014 and 2013 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 Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) and Form 5500, Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions are required by the DOL Rules and Regulations for Reporting and Disclosure under ERISA 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Schneider Downs & Co. Inc.

Columbus, Ohio
October 12, 2015

R.G. BARRY CORPORATION
ASSOCIATES' RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2014	2013
ASSETS		
INVESTMENTS		
Mutual funds	\$ 35,551,045	\$ 33,862,339
Money market fund	1,098,934	492,016
Total Investments	36,649,979	34,354,355
ACCRUED INCOME	115,688	101,735
	115,688	101,735
Net Assets Available For Benefits	\$ 36,765,667	\$ 34,456,090

See notes to financial statements.

R.G. BARRY CORPORATION
ASSOCIATES' RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
ADDITIONS TO ASSETS ATTRIBUTED TO:		
Employer contributions	-	\$ 436,034
Investment income		
Net appreciation in fair value of investments	\$ 2,495,016	-
Investment income - interest and dividends	<u>2,338,627</u>	<u>1,592,545</u>
	<u>4,833,643</u>	<u>1,592,545</u>
Total Additions	4,833,643	2,028,579
DEDUCTIONS FROM ASSETS ATTRIBUTED TO:		
Net depreciation in fair value of investments	-	53,262
Benefits paid to participants	2,294,830	2,351,237
Administrative expense	<u>229,236</u>	<u>231,870</u>
Total Deductions	<u>2,524,066</u>	<u>2,636,369</u>
Net Increase (Decrease)	2,309,577	(607,790)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>34,456,090</u>	<u>35,063,880</u>
End of year	<u>\$ 36,765,667</u>	<u>\$ 34,456,090</u>

See notes to financial statements.

R.G. BARRY CORPORATION
ASSOCIATES' RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE 1 - DESCRIPTION OF THE PLAN

The following is a brief description of R.G. Barry Corporation Associates' Retirement Plan (the Plan) and is provided for general information purposes only. Plan participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General - The Plan, as amended, is a defined benefit plan covering substantially all salaried and nonsalaried employees of R. G. Barry Corporation (Plan Sponsor or Company). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was frozen, effective March 31, 2004. Any employees who were not participants in the Plan on the freeze date will not be eligible to become participants in the Plan.

Contributions - Contributions from the Plan Sponsor are accrued upon completion of the actuarial valuation and approval of the Plan's administrative committee. There was no minimum funding contribution for the Plan years beginning January 1, 2014 and 2013. The Company made no contributions during the year ended December 31, 2014 and \$436,034 for the year ended December 31, 2013.

Pension Benefits - The freeze does not affect the benefits that retirees or vested former or current employees accrued or earned up to the freeze date. Pension benefits are defined separately for each of the following groups of employees:

Salaried - Prior to the freeze date, all salaried employees of the Plan Sponsor who had completed one year of continuous employment with at least 1,000 hours of service were eligible to participate in the Plan. Participants are eligible for monthly benefit payments for life upon reaching age 65. The monthly benefit payment shall be equal to forty-eight percent (48%) of the participant's final average monthly compensation, as defined in the Plan, less fifty percent (50%) of the participant's primary social security benefit, reduced for less than 30 years credited service as defined in the Plan. After 5 years of credited service, vesting is at 100%. A participant who terminates employment with the Plan Sponsor for reasons other than retirement or disability, after completing not less than 5 years of credited service, will be entitled to a termination pension payable at age 65 for life. Early retirement at age 55, disability benefits, joint and survivor benefits, and alternative methods of payment of benefits are also available under the Plan in certain circumstances.

Nonsalaried - Prior to the freeze date, Plan participants included all nonsalaried, full-time employees of the Plan Sponsor who had completed one year of continuous employment, as defined in the Plan. Participants are eligible for monthly benefit payments for life upon reaching age 65. The monthly benefits are multiplied by years of credited service, as defined in the Plan, up to a maximum of 30 years. After 5 years of credited service, vesting is at 100%. A participant who terminates employment with the Plan Sponsor for reasons other than retirement or disability, after completing not less than 5 years of credited service, will be entitled to a termination pension payable at age 65 for life. Early retirement benefits at age 55 are payable on a deferred or immediate basis. Permanent and total disability benefits, joint and survivor benefits and alternative methods of payment of benefits are also available under the Plan in certain circumstances.

R.G. BARRY CORPORATION
ASSOCIATES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE 1 - DESCRIPTION OF THE PLAN (Continued)

All accrued benefits were calculated at the freeze date, and that calculated amount will be the final benefit amount for all participants.

Death and Disability - If an active employee dies, a death benefit equal to the value of the employee's vested accumulated pension benefits is paid to the employee's beneficiary when the beneficiary reaches age 55. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age, at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they had become disabled.

Expenses of the Plan - Plan fees and expenses, including fees and expenses connected with providing administrative services by external service providers, are paid from Plan assets.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of significant accounting policies applied by the trustee in preparation of the accompanying financial statements follows:

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

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition - The Plan's investments are stated at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. 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 includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Trust Fund Managed by The Huntington National Bank Institutional Trust Division - Under the terms of the trust agreement between The Huntington National Bank (trustee) and the Plan, the trustee, together with the Plan's investment counsel, manages a trust fund on behalf of the Plan. The trustee and investment counsel have been granted discretionary authority concerning purchases and sales of investments in the trust fund. Security transactions are accounted for on the settlement date. The impact of accounting for securities on the settlement date as opposed to the trade date is not material to the financial statements.

Payment of Benefits - Benefits are recorded when paid.

R.G. BARRY CORPORATION
ASSOCIATES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Recent Accounting Pronouncements - In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-07, *Disclosures for Investments in Certain Entities That Calculate Net Assets Value per Share (or Its Equivalent)*. ASU 2015-07 removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. It also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share practical expedient. Rather, those disclosures are limited to investments for which the entity has elected to measure the fair value using that practical expedient. ASU 2015-07 will be effective for the Plan beginning January 1, 2017, with early adoption permitted, and will be applied retrospectively. The Plan administrator is currently evaluating the impact of this ASU on the Plan's financial statements.

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans* (Topic 960), *Defined Contribution Pension Plans* (Topic 962), *Health and Welfare Benefit Plans* (Topic 965): *(Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. This ASU reduces the complexity in employee benefit plan reporting. Part I designates contract value as the only required measure for fully benefit-responsive investment contracts. Currently, fully benefit-responsive investment contracts are required to be measured at contract value with a reconciliation of contract value to fair value, when these measures differ, on the face of the plan financial statements. Part II eliminates the requirement to disclose individual investments representing 5% or more of net assets available for benefits for both participant-directed investments and nonparticipant-directed investments. Additionally, net appreciation or depreciation in investments for the period is no longer required to be disaggregated and disclosed by general type, however, should still be presented in the aggregate. Part II also requires that investments of employee benefit plans be grouped only by general type, eliminating the need to disaggregate the investments in multiple ways. Part III provides a practical expedient to permit plans to measure investments and investment-related accounts (e.g., a liability for a pending trade with a broker) as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end. This ASU is effective for nonpublic entities for fiscal years beginning after December 15, 2015. A reporting entity should apply the amendments to Parts I and II retrospectively to all periods presented, while Part III should be applied prospectively. Early application is permitted. The Plan administrator is currently assessing the impact of this ASU on the Plan's financial statements.

Subsequent Events - The Plan has evaluated subsequent events through October 12, 2015, the date on which the financial statements were available to be issued.

R.G. BARRY CORPORATION
ASSOCIATES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE 3 - INVESTMENTS EXCEEDING 5% OF NET ASSETS

The following presents investments that represent 5% or more of the Plan's net assets as of December 31:

	<u>2014</u>		<u>2013</u>
Mutual Funds:			
Delaware Extended Duration Bond Fund	\$ 16,342,804	\$	12,273,150
Vanguard Long-term Investment Fund	16,212,257		12,010,814
Dodge & Cox International Stock	1,476,593	*	1,865,594
Hotchkis & Wiley Core Value Fund - Class I	777,400	*	2,046,581
Harbor Capital Appreciation Fund	741,991	*	2,156,140

*Investment represents less than 5% in the year indicated, but is shown for comparative purposes.

NOTE 4 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

R.G. BARRY CORPORATION
ASSOCIATES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Money Markets: Valued at the net asset value (NAV) of shares held by the Plan at year-end.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2014 and 2013:

Assets at Fair Value as of December 31, 2014				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Growth funds	\$ 2,253,992	-	-	\$ 2,253,992
International funds	17,084,796	-	-	17,084,796
Diversified emerging markets	16,212,257	-	-	16,212,257
Total Mutual Funds	35,551,045	-	-	35,551,045
Money markets	1,098,934	-	-	1,098,934
Total Assets At Fair Value	\$ 36,694,979	-	-	\$ 36,694,979

R.G. BARRY CORPORATION
ASSOCIATES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Assets at Fair Value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Growth funds	\$ 3,912,176	-	-	\$ 3,912,176
International funds	14,429,290	-	-	14,429,290
Value funds	906,019	-	-	906,019
Diversified emerging markets	12,898,043	-	-	12,898,043
Bond funds	1,716,811	-	-	1,716,811
Total Mutual Funds	33,862,339	-	-	33,862,339
Money markets	492,016	-	-	492,016
Total Assets At Fair Value	\$ 34,354,355	-	-	\$ 34,354,355

NOTE 5 - TRUSTEE CERTIFICATION

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements at December 31, 2014 and 2013, that was prepared by or derived from information prepared by The Huntington National Bank Institutional Trust Division, the trustee of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained certification from the trustee that such information is complete and accurate.

	2014	2013
Statement of net assets available for plan benefits:		
Investments - mutual funds	\$ 35,551,045	\$ 33,862,339
Investments - money market fund	1,098,934	492,016
Accrued income	115,688	101,735
	2014	2013
Statement of changes in net assets available for plan benefits:		
Investment income - interest and dividends	\$ 2,338,627	\$ 1,592,545
Net appreciation (depreciation) in fair value of investments	2,495,016	(53,262)

R.G. BARRY CORPORATION
ASSOCIATES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE 6 - ACTUARIAL PRESENT VALUE OF ACCUMULATED BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service that participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees and their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable are included to the extent that they are deemed attributable to a participant's service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's consulting actuaries, Hewitt Associates, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

The significant assumptions used for the 2014 and 2013 underlying actuarial computations of accumulated plan benefits included:

Actuarial Cost Method - Standard unit credit cost method was used for both 2014 and 2013.

Assumed Salary Scale - Not applicable due to freeze as of March 31, 2004.

Discount Rate - The rate used to discount pension liabilities was 5.90% and 6.00% for 2014 and 2013, respectively.

Investment Return - The assumed average rate of return on investments was 6.0% and 6.75% for 2014 and 2013, respectively.

Mortality Basis - RP-2000 Combined Healthy Fully Generational Mortality Table projected with Scale AA for 2014 and 2013, respectively.

Retirement - Assumed weighted-average retirement age of 63 for those with 10 or more years of service at termination and an age of 65 for those with less than 10 years of service at termination.

The Plan was amended effective March 31, 2004 to freeze benefit accruals. No new employees are eligible for the Plan after March 31, 2004.

The foregoing actuarial assumptions were based on the presumption that the Plan would 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.

R.G. BARRY CORPORATION
ASSOCIATES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE 6 - ACTUARIAL PRESENT VALUE OF ACCUMULATED BENEFITS (Continued)

The actuarial present value of accumulated plan benefits as of January 1, 2014 and 2013 is as follows:

	<u>2014</u>	<u>2013</u>
Actuarial present value of vested benefits:		
Participants and beneficiaries currently receiving payments	\$ 22,607,215	\$ 22,898,221
Other members not currently receiving payments	<u>6,299,455</u>	<u>6,494,681</u>
	28,906,670	29,392,902
Actuarial present value of nonvested benefits	<u>12,570</u>	<u>14,017</u>
Total Actuarial Present Value Of Accumulated Plan Benefits	<u>\$ 28,919,240</u>	<u>\$ 29,406,919</u>

The change in actuarial present value of accumulated plan benefits for the years ended January 1, 2014 and 2013 is as follows:

	<u>2014</u>	<u>2013</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 29,406,919	\$ 28,233,735
Increase (decrease) during the year attributable to:		
Benefits paid	(2,351,237)	(2,346,160)
Interest	1,694,905	1,827,887
Assumption changes	250,876	1,849,781
Other changes	<u>(82,223)</u>	<u>(158,324)</u>
Net (decrease) increase	<u>(487,679)</u>	<u>1,173,184</u>
Total Actuarial Present Value Of Accumulated Plan Benefits At January 1	<u>\$ 28,919,240</u>	<u>\$ 29,406,919</u>

NOTE 7 - RELATED-PARTY TRANSACTIONS

Certain Plan investments are shares of investments managed by The Huntington National Bank, the trustee; therefore, the transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services amounted to approximately \$101,300 and \$102,000 for the years ended December 31, 2014 and 2013, respectively.

R.G. BARRY CORPORATION
ASSOCIATES' RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE 8 - PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. As noted in Note 1, the Plan was frozen, effective March 31, 2004. Participants who were not 100% vested as of the freeze date continue to accrue service in the Plan for purposes of vesting, until they become 100% vested or terminated. In the event that the Plan terminates and if the termination is the result of the bankruptcy or near bankruptcy of the Plan Sponsor and the Plan's assets are not adequate to pay all benefits vested prior to the termination, the Pension Benefit Guaranty Corporation (PBGC) will take over the Plan and will pay those benefits that it guarantees. In this case, some participants might receive a smaller benefit than if the Plan had continued. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits, as described in the Plan, and the level of benefits guaranteed by PBGC at that time.

If, however, the Plan is terminated for any reason other than the bankruptcy or near bankruptcy of the Plan Sponsor, and the Plan has insufficient assets, the Plan Sponsor will be required to pay the Plan an amount that, together with Plan assets, will satisfy all benefits accumulated to the date of the Plan termination.

NOTE 9 - TAX STATUS

The Plan obtained its latest determination letter on June 28, 2012, in which the Internal Revenue Service (IRS) states that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has not been amended since receiving this determination letter.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax position taken by the Plan, and has concluded that as of December 31, 2014, 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 the Plan is no longer subject to income tax examinations for years prior to 2011.

NOTE 10 - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities that are exposed to various risks, such as interest rate, market rate and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and amounts reported in the statements of net assets available for benefits. Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

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SUPPLEMENTARY FINANCIAL INFORMATION

R.G. BARRY CORPORATION
ASSOCIATES' RETIREMENT PLAN

EIN 31-4362899
PLAN NUMBER: 003

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Delaware	Extended Duration Bond Fund - Class I	\$ 15,658,607	\$ 16,342,804
	Vanguard	Long-Term Investment Grade Fund	4,650,744	16,212,257
	Harbor	Capital Appreciation Fund - Institutional	442,070	741,991
	Hotchkis & Wiley	Diversified Value Fund - Class I	572,107	777,400
	Dodge & Cox	International Stock Fund	1,417,489	1,476,593
*	Huntington	Money Market Fund II	1,098,934	1,098,934
	Total Investments		<u>\$ 23,839,951</u>	<u>\$ 36,649,979</u>

* Party in interest

See independent auditors' report.

R.G. BARRY CORPORATION
ASSOCIATES' RETIREMENT PLAN

EIN 31-4362899
PLAN NUMBER: 003

FORM 5500, SCHEDULE H, PART IV LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2014

Series transactions involving an amount in excess of 5% of the current value of plan assets.

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Aggregate Transactions						
Delaware	Extended Duration Bond	\$ 3,821,685 (A)	-	\$ 3,821,685	\$ 3,821,685	-
Delaware	Extended Duration Bond		\$ 416,554 (B)	406,412	416,554	\$ 10,142
Vanguard	Long-Term Investment	3,275,860 (C)	-	3,275,860	3,275,860	-
Vanguard	Long-Term Investment	-	502,131 (D)	445,692	502,131	56,439

(A) Consists of 16 purchase transactions

(B) Consists of 2 sales transactions

(C) Consists of 13 purchase transactions

(D) Consists of 1 sales transaction

See independent auditors' report.

R.G. BARRY CORPORATION
ASSOCIATES' RETIREMENT PLAN

EIN 31-4362899
PLAN NUMBER: 003

FORM 5500, SCHEDULE H, PART IV LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2014

Individual transactions involving an amount in excess of 5% of the current value of plan assets.

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Aggregate Transactions						
Delaware	Extended Duration Bond	\$ 2,002,100	-	\$ 2,002,100	\$ 2,002,100	-
Vanguard	Long-Term Investment	2,115,000	-	2,115,000	2,115,000	-

See independent auditors' report.

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Schedule SB Attachment (Form 5500)—2014 Plan Year
R.G. Barry Corporation Associates' Retirement Plan
EIN: 31-4362899 PN: 003

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2014

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44				1						
45-49				1	4					
50-54						1	5			
55-59					1	1	1	2	2	
60-64					1	3	2	2		
65-69				1	1					
70+										

N-29

Schedule SB Attachment (Form 5500)—2014 Plan Year
R.G. Barry Corporation Associates' Retirement Plan
EIN: 31-4362899 PN: 003

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month look-back (as of September 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of September 2013), without regard to interest rate stabilization
1st Segment Rate	1.37%
2nd Segment Rate	4.05%
3rd Segment Rate	5.06%
Optional Payment Form Election Percentage	100% single life annuity
Optional Payment Form Conversion Interest Rate	N/A
Optional Payment Form Conversion Mortality	N/A
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 63 for those with 10 or more years of service at termination Age 65 for those with less than 10 years of service at termination
Mortality Rates	
Healthy and Disabled	2014 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)

Schedule SB Attachment (Form 5500)—2014 Plan Year
R.G. Barry Corporation Associates' Retirement Plan
EIN: 31-4362899 PN: 003

Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2012 Plan Year	6.75%
2013 Plan Year	6.00%
Trust Expenses Included in Target Normal Cost	\$235,000. Expenses are assumed to be equal to the prior year's actual administrative expenses paid from the trust (without PBGC premium), plus the expected PBGC premium for the current year, rounded to the nearest \$5,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2014

Schedule SB Attachment (Form 5500)—2014 Plan Year
R.G. Barry Corporation Associates' Retirement Plan
EIN: 31-4362899 PN: 003

Table 1

Retirement Rates

Age	Rate
55	1.00%
56	1.00%
57	1.00%
58	1.00%
59	1.00%
60	5.00%
61	5.00%
62	20.00%
63	10.00%
64	10.00%
65	96.00%
66+	100.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
R.G. Barry Corporation Associates' Retirement Plan
EIN: 31-4362899 PN: 003

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
20	17.9495%	50	5.0975%
21	17.8321%	51	4.3602%
22	17.7021%	52	3.6317%
23	17.5596%	53	2.9362%
24	17.4045%	54	2.2998%
25	17.2373%	55	1.7446%
26	17.0549%	56	1.2642%
27	16.8174%	57	0.8664%
28	16.5320%	58	0.5538%
29	16.2062%	59	0.3225%
30	15.8462%	60	0.1639%
31	15.4582%	61	0.0665%
32	15.0477%	62	0.0170%
33	14.6186%	63+	0.0000%
34	14.1745%		
35	13.7174%		
36	13.2494%		
37	12.7711%		
38	12.2824%		
39	11.7830%		
40	11.2725%		
41	10.7474%		
42	10.2041%		
43	9.6422%		
44	9.0615%		
45	8.4622%		
46	7.8417%		
47	7.1965%		
48	6.5238%		
49	5.8228%		

Schedule SB Attachment (Form 5500)—2014 Plan Year
R.G. Barry Corporation Associates' Retirement Plan
EIN: 31-4362899 PN: 003

Table 3

Disability Rates

Age	Rate	Age	Rate
20	0.05%	50	0.38%
21	0.05%	51	0.45%
22	0.05%	52	0.53%
23	0.05%	53	0.60%
24	0.05%	54	0.67%
25	0.05%	55	0.75%
26	0.05%	56	0.82%
27	0.05%	57	0.89%
28	0.05%	58	0.97%
29	0.05%	59	1.04%
30	0.05%	60	1.26%
31	0.05%	61	1.41%
32	0.06%	62	1.62%
33	0.06%	63	1.91%
34	0.06%	64+	2.30%
35	0.06%		
36	0.06%		
37	0.07%		
38	0.07%		
39	0.08%		
40	0.09%		
41	0.10%		
42	0.12%		
43	0.14%		
44	0.16%		
45	0.18%		
46	0.21%		
47	0.23%		
48	0.27%		
49	0.32%		

R.G. BARRY CORPORATION
ASSOCIATES' RETIREMENT PLAN

EIN 31-4362899
PLAN NUMBER: 003

FORM 5500, SCHEDULE H, PART IV LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2014

Series transactions involving an amount in excess of 5% of the current value of plan assets.

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Aggregate Transactions						
Delaware	Extended Duration Bond	\$ 3,821,685 (A)	-	\$ 3,821,685	\$ 3,821,685	-
Delaware	Extended Duration Bond		\$ 416,554 (B)	406,412	416,554	\$ 10,142
Vanguard	Long-Term Investment	3,275,860 (C)	-	3,275,860	3,275,860	-
Vanguard	Long-Term Investment	-	502,131 (D)	445,692	502,131	56,439

(A) Consists of 16 purchase transactions

(B) Consists of 2 sales transactions

(C) Consists of 13 purchase transactions

(D) Consists of 1 sales transaction

See independent auditors' report.

R.G. BARRY CORPORATION
ASSOCIATES' RETIREMENT PLAN

EIN 31-4362899
PLAN NUMBER: 003

FORM 5500, SCHEDULE H, PART IV LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2014

Individual transactions involving an amount in excess of 5% of the current value of plan assets.

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Aggregate Transactions						
Delaware	Extended Duration Bond	\$ 2,002,100	-	\$ 2,002,100	\$ 2,002,100	-
Vanguard	Long-Term Investment	2,115,000	-	2,115,000	2,115,000	-

See independent auditors' report.

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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 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ 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>R.G. Barry Corporation Associates' Retirement Plan</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>R.G. Barry Corporation</u>	D Employer Identification Number (EIN) <u>31-4362899</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>1</u> Day <u>1</u> Year <u>2014</u>			
2 Assets:			
a Market value	2a	34,456,090	
b Actuarial value	2b	34,034,168	
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.....	674	22,016,941	22,016,941
b For terminated vested participants.....	155	4,251,093	4,251,093
c For active participants.....	29	1,471,912	1,483,324
d Total.....	858	27,739,946	27,751,358
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	6.34 %	
6 Target normal cost	6	235,000	

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>Jason Bravo</u> Signature of actuary	<u>09/10/2015</u> Date
	<u>Jason M. Bravo</u> Type or print name of actuary	<u>14-05569</u> Most recent enrollment number
	<u>Hewitt Associates LLC</u> Firm name	<u>(216) 573-9700</u> Telephone number (including area code)
	<u>5005 Rockside Road, Suite 1000</u> Address of the firm	
	<u>Independence OH 44131-6828</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 ☐

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)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>4.16</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		425451
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>6.19</u> %		26335
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		451786
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)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	122.63 %
15 Adjusted funding target attainment percentage	15	122.63 %
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	115.58 %
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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 64
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	235,000
b Excess assets, if applicable, but not greater than line 31a		31b	235,000
32 Amortization installments:			
a Net shortfall amortization installment	0	0	
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	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
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	
43 Excess installment acceleration amount to be carried over to future plan years.....		43	

Schedule SB Attachment (Form 5500)—2014 Plan Year
R.G. Barry Corporation Associates' Retirement Plan
EIN: 31-4362899 PN: 003

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	1.00%	1.0000	0.56
56.5	1.00%	0.9900	0.56
57.5	1.00%	0.9801	0.56
58.5	1.00%	0.9703	0.57
59.5	1.00%	0.9606	0.57
60.5	5.00%	0.9510	2.88
61.5	5.00%	0.9034	2.78
62.5	20.00%	0.8583	10.73
63.5	10.00%	0.6866	4.36
64.5	10.00%	0.6180	3.99
65.5	96.00%	0.5562	34.97
66	100.00%	0.0222	1.47
Weighted Average			64.00

Schedule SB Attachment (Form 5500)—2014 Plan Year
R.G. Barry Corporation Associates' Retirement Plan
EIN: 31-4362899 PN: 003

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month look-back (as of September 2013), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	4.99%
2nd Segment Rate	6.32%
3rd Segment Rate	6.99%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of September 2013), without regard to interest rate stabilization
1st Segment Rate	1.37%
2nd Segment Rate	4.05%
3rd Segment Rate	5.06%
Optional Payment Form Election Percentage	100% single life annuity
Optional Payment Form Conversion Interest Rate	N/A
Optional Payment Form Conversion Mortality	N/A
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 63 for those with 10 or more years of service at termination Age 65 for those with less than 10 years of service at termination
Mortality Rates	
Healthy and Disabled	2014 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)

Schedule SB Attachment (Form 5500)—2014 Plan Year
R.G. Barry Corporation Associates' Retirement Plan
EIN: 31-4362899 PN: 003

Surviving Spouse Benefit	It is assumed that 100% of males and 100% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$210,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2012 Plan Year	6.75%
2013 Plan Year	6.00%
Trust Expenses Included in Target Normal Cost	\$235,000. Expenses are assumed to be equal to the prior year's actual administrative expenses paid from the trust (without PBGC premium), plus the expected PBGC premium for the current year, rounded to the nearest \$5,000.
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2014

Schedule SB Attachment (Form 5500)—2014 Plan Year
R.G. Barry Corporation Associates' Retirement Plan
EIN: 31-4362899 PN: 003

Table 1

Retirement Rates

Age	Rate
55	1.00%
56	1.00%
57	1.00%
58	1.00%
59	1.00%
60	5.00%
61	5.00%
62	20.00%
63	10.00%
64	10.00%
65	96.00%
66+	100.00%

Schedule SB Attachment (Form 5500)—2014 Plan Year
R.G. Barry Corporation Associates' Retirement Plan
EIN: 31-4362899 PN: 003

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
20	17.9495%	50	5.0975%
21	17.8321%	51	4.3602%
22	17.7021%	52	3.6317%
23	17.5596%	53	2.9362%
24	17.4045%	54	2.2998%
25	17.2373%	55	1.7446%
26	17.0549%	56	1.2642%
27	16.8174%	57	0.8664%
28	16.5320%	58	0.5538%
29	16.2062%	59	0.3225%
30	15.8462%	60	0.1639%
31	15.4582%	61	0.0665%
32	15.0477%	62	0.0170%
33	14.6186%	63+	0.0000%
34	14.1745%		
35	13.7174%		
36	13.2494%		
37	12.7711%		
38	12.2824%		
39	11.7830%		
40	11.2725%		
41	10.7474%		
42	10.2041%		
43	9.6422%		
44	9.0615%		
45	8.4622%		
46	7.8417%		
47	7.1965%		
48	6.5238%		
49	5.8228%		

Schedule SB Attachment (Form 5500)—2014 Plan Year
R.G. Barry Corporation Associates' Retirement Plan
EIN: 31-4362899 PN: 003

Table 3

Disability Rates

Age	Rate	Age	Rate
20	0.05%	50	0.38%
21	0.05%	51	0.45%
22	0.05%	52	0.53%
23	0.05%	53	0.60%
24	0.05%	54	0.67%
25	0.05%	55	0.75%
26	0.05%	56	0.82%
27	0.05%	57	0.89%
28	0.05%	58	0.97%
29	0.05%	59	1.04%
30	0.05%	60	1.26%
31	0.05%	61	1.41%
32	0.06%	62	1.62%
33	0.06%	63	1.91%
34	0.06%	64+	2.30%
35	0.06%		
36	0.06%		
37	0.07%		
38	0.07%		
39	0.08%		
40	0.09%		
41	0.10%		
42	0.12%		
43	0.14%		
44	0.16%		
45	0.18%		
46	0.21%		
47	0.23%		
48	0.27%		
49	0.32%		

Schedule SB Attachment (Form 5500)—2014 Plan Year
R.G. Barry Corporation Associates' Retirement Plan
EIN: 31-4362899 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	January 1, 1973. Effective January 1, 2008, the operation of the plan reflects the requirements of the Pension Protection Act of 2006. Amended and restated January 1, 2009.
Plan Merger	Effective January 1, 1996, the Retirement Income Plan for Non-Salaried Employees of R.G. Barry Corporation was merged into the R.G. Barry Corporation Salaried Employees' Pension Plan and the ongoing Plan was renamed the R.G. Barry Corporation Associates' Retirement Plan.
Participation	An employee becomes a participant on the January 1 nearest completion of one year of full time employment.
Plan Freeze	Effective March 31, 2004, benefit accruals under the plan were frozen. Benefit service and compensation earned after the freeze date will not be taken into account when determining the accrued benefit. Service will continue for vesting and eligibility purposes. No new participants will be eligible for the plan after March 31, 2004.
Normal Retirement Eligibility	Age 65.
Benefit Non-Salaried	A monthly amount equal to \$11 multiplied by years, including fractional years, of credited service (up to a maximum of 30 years).
Salaried	A monthly amount equal to the difference of 48% of final average monthly compensation and 50% of primary Social Security Benefit reduced by 1/30th for each year, including fractional years, of credited service less than 30 years.

Schedule SB Attachment (Form 5500)—2014 Plan Year
R.G. Barry Corporation Associates' Retirement Plan
EIN: 31-4362899 PN: 003

Early Retirement

Eligibility

Age 55 and 10 years of vesting service.

Benefit

A monthly amount calculated as for normal retirement reduced 5/9% each of the first 60 months and 5/18% for each additional month that early retirement date precedes normal retirement.

Vested Termination

Eligibility

Five years of vesting service.

Benefit

Non-Salaried

A monthly amount payable at normal retirement age computed as for normal retirement using the amount of service at termination. A participant who has completed 10 years of service at termination may commence benefits as early as age 55 with benefits reduced as for early retirement.

Salaried

The amount that would have been paid at Normal Retirement Age if service had continued until then multiplied by actual service at date of termination and divided by projected service at Normal Retirement Age. A participant who has completed 10 years of service at termination may commence benefits as early as age 55 with benefits reduced as for early retirement.

Disability Retirement

Eligibility

Age 50 and 15 years of vesting service and qualification for Social Security disability benefits.

Benefit

Non-Salaried

A monthly amount computed as for normal retirement using the amount of service at date of disability. Benefits payable immediately.

Salaried

A monthly amount computed as for vesting and deferred to Normal Retirement Age.

Schedule SB Attachment (Form 5500)—2014 Plan Year
R.G. Barry Corporation Associates' Retirement Plan
EIN: 31-4362899 PN: 003

Preretirement Death Eligibility	A participant is eligible for this benefit if the participant is vested, dies before retirement, and has a surviving spouse.
Benefit	50% of the 50% Joint and Survivor benefit commencing on the date at which the participant would have been eligible for early retirement.
Normal Form of Annuity	Life annuity for single participants. Actuarially reduced 50% joint and survivor annuity for married participants.
Optional Forms	Effective January 1, 1997, a participant may elect to receive a single sum equal to the actuarial equivalent value of the participant's total accrued retirement benefit if the total value is less than or equal to \$7,500. Participants may also elect a 50%, 66 2/3%, or 100% joint and survivor annuity. Effective January 1, 2008, participants may elect a 75% joint and survivor annuity.
Definitions Actuarial Equivalence	1971 Group Annuity Mortality Table for Males projected to 1990 by Scale D with ages set back four years for the participant and two years for the beneficiary, and using an interest rate of 7%.
Vesting Service	Generally one year is awarded for each plan year in which the participant has at least 1,000 hours of service. Prior to January 1, 1989, calculated under provisions then in effect.
Benefit Service	Generally the same as vesting service.
Final Average Monthly Compensation (Salaried)	1/60th of the participant's base salary (excludes overtime, cash bonuses, and sales incentive payments) up to a maximum of \$200,000 during the five consecutive calendar years of the last 10 years of his employment in which such total compensation is the highest. For years prior to 1991, commissions (except Class A salesman's commissions) are included.

Schedule SB Attachment (Form 5500)—2014 Plan Year
R.G. Barry Corporation Associates' Retirement Plan
EIN: 31-4362899 PN: 003

Special Provisions
Relating to Transfers
Between Company
Pension Plans

Transferred employees can receive benefits under both the Plan's Non-Salaried and Salaried benefit formulas, limited to an aggregate maximum of 30 years of benefits from both formulas. Benefits accrue separately under each benefit formula for those years of service in the appropriate employment classification, and the Salaried credited service ratio reflect only years of Benefit Service earned as a Salaried participant. When a transferred employee earns more than 30 years of Benefit Service in total, it is necessary to offset the Normal Retirement Pension from the benefit formula which provides the more generous pension per year of Benefit Service by a Fraction of the Normal Retirement Pension from the other Plan. The fraction is (a) the total Benefit Service under both formulas less 30 years divided by (b) the total Benefit Service in the other formula. A full year of Benefit Service will be granted in the year of transfer. If the employee has earned a year of Benefit Service by normal plan rules in the formula out of which he is transferring, the year of Benefit Service will be granted under that formula. Otherwise, the year of Benefit Service will be granted under the benefit formula into which the employee is transferring.

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- An increase in the annual maximum benefit limit under IRC section 415 from \$205,000 in 2013 to \$210,000 in 2014.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2014 Plan Year
R.G. Barry Corporation Associates' Retirement Plan
EIN: 31-4362899 PN: 003

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2014

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44				1						
45-49				1	4					
50-54						1	5			
55-59					1	1	1	2	2	
60-64					1	3	2	2		
65-69				1	1					
70+										

N-29

Schedule SB Attachment (Form 5500)—2014 Plan Year
R.G. Barry Corporation Associates' Retirement Plan
EIN: 31-4362899 PN: 003

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	1.00%	1.0000	0.56
56.5	1.00%	0.9900	0.56
57.5	1.00%	0.9801	0.56
58.5	1.00%	0.9703	0.57
59.5	1.00%	0.9606	0.57
60.5	5.00%	0.9510	2.88
61.5	5.00%	0.9034	2.78
62.5	20.00%	0.8583	10.73
63.5	10.00%	0.6866	4.36
64.5	10.00%	0.6180	3.99
65.5	96.00%	0.5562	34.97
66	100.00%	0.0222	1.47
Weighted Average			64.00

Schedule SB Attachment (Form 5500)—2014 Plan Year
R.G. Barry Corporation Associates' Retirement Plan
EIN: 31-4362899 PN: 003

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	January 1, 1973. Effective January 1, 2008, the operation of the plan reflects the requirements of the Pension Protection Act of 2006. Amended and restated January 1, 2009.
Plan Merger	Effective January 1, 1996, the Retirement Income Plan for Non-Salaried Employees of R.G. Barry Corporation was merged into the R.G. Barry Corporation Salaried Employees' Pension Plan and the ongoing Plan was renamed the R.G. Barry Corporation Associates' Retirement Plan.
Participation	An employee becomes a participant on the January 1 nearest completion of one year of full time employment.
Plan Freeze	Effective March 31, 2004, benefit accruals under the plan were frozen. Benefit service and compensation earned after the freeze date will not be taken into account when determining the accrued benefit. Service will continue for vesting and eligibility purposes. No new participants will be eligible for the plan after March 31, 2004.
Normal Retirement Eligibility	Age 65.
Benefit Non-Salaried	A monthly amount equal to \$11 multiplied by years, including fractional years, of credited service (up to a maximum of 30 years).
Salaried	A monthly amount equal to the difference of 48% of final average monthly compensation and 50% of primary Social Security Benefit reduced by 1/30th for each year, including fractional years, of credited service less than 30 years.

Schedule SB Attachment (Form 5500)—2014 Plan Year
R.G. Barry Corporation Associates' Retirement Plan
EIN: 31-4362899 PN: 003

Early Retirement
Eligibility

Age 55 and 10 years of vesting service.

Benefit

A monthly amount calculated as for normal retirement reduced 5/9% each of the first 60 months and 5/18% for each additional month that early retirement date precedes normal retirement.

Vested Termination
Eligibility

Five years of vesting service.

Benefit

Non-Salaried

A monthly amount payable at normal retirement age computed as for normal retirement using the amount of service at termination. A participant who has completed 10 years of service at termination may commence benefits as early as age 55 with benefits reduced as for early retirement.

Salaried

The amount that would have been paid at Normal Retirement Age if service had continued until then multiplied by actual service at date of termination and divided by projected service at Normal Retirement Age. A participant who has completed 10 years of service at termination may commence benefits as early as age 55 with benefits reduced as for early retirement.

Disability Retirement
Eligibility

Age 50 and 15 years of vesting service and qualification for Social Security disability benefits.

Benefit

Non-Salaried

A monthly amount computed as for normal retirement using the amount of service at date of disability. Benefits payable immediately.

Salaried

A monthly amount computed as for vesting and deferred to Normal Retirement Age.

Schedule SB Attachment (Form 5500)—2014 Plan Year
R.G. Barry Corporation Associates' Retirement Plan
EIN: 31-4362899 PN: 003

Preretirement Death
Eligibility

A participant is eligible for this benefit if the participant is vested, dies before retirement, and has a surviving spouse.

Benefit

50% of the 50% Joint and Survivor benefit commencing on the date at which the participant would have been eligible for early retirement.

Normal Form of Annuity

Life annuity for single participants. Actuarially reduced 50% joint and survivor annuity for married participants.

Optional Forms

Effective January 1, 1997, a participant may elect to receive a single sum equal to the actuarial equivalent value of the participant's total accrued retirement benefit if the total value is less than or equal to \$7,500. Participants may also elect a 50%, 66 2/3%, or 100% joint and survivor annuity. Effective January 1, 2008, participants may elect a 75% joint and survivor annuity.

Definitions

Actuarial Equivalence

1971 Group Annuity Mortality Table for Males projected to 1990 by Scale D with ages set back four years for the participant and two years for the beneficiary, and using an interest rate of 7%.

Vesting Service

Generally one year is awarded for each plan year in which the participant has at least 1,000 hours of service. Prior to January 1, 1989, calculated under provisions then in effect.

Benefit Service

Generally the same as vesting service.

Final Average Monthly
Compensation (Salaried)

1/60th of the participant's base salary (excludes overtime, cash bonuses, and sales incentive payments) up to a maximum of \$200,000 during the five consecutive calendar years of the last 10 years of his employment in which such total compensation is the highest. For years prior to 1991, commissions (except Class A salesman's commissions) are included.

Schedule SB Attachment (Form 5500)—2014 Plan Year
R.G. Barry Corporation Associates' Retirement Plan
EIN: 31-4362899 PN: 003

Special Provisions
Relating to Transfers
Between Company
Pension Plans

Transferred employees can receive benefits under both the Plan's Non-Salaried and Salaried benefit formulas, limited to an aggregate maximum of 30 years of benefits from both formulas. Benefits accrue separately under each benefit formula for those years of service in the appropriate employment classification, and the Salaried credited service ratio reflect only years of Benefit Service earned as a Salaried participant. When a transferred employee earns more than 30 years of Benefit Service in total, it is necessary to offset the Normal Retirement Pension from the benefit formula which provides the more generous pension per year of Benefit Service by a Fraction of the Normal Retirement Pension from the other Plan. The fraction is (a) the total Benefit Service under both formulas less 30 years divided by (b) the total Benefit Service in the other formula. A full year of Benefit Service will be granted in the year of transfer. If the employee has earned a year of Benefit Service by normal plan rules in the formula out of which he is transferring, the year of Benefit Service will be granted under that formula. Otherwise, the year of Benefit Service will be granted under the benefit formula into which the employee is transferring.

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- An increase in the annual maximum benefit limit under IRC section 415 from \$205,000 in 2013 to \$210,000 in 2014.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

R.G. BARRY CORPORATION
ASSOCIATES' RETIREMENT PLAN

EIN 31-4362899
PLAN NUMBER: 003

FORM 5500, SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2014

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Delaware	Extended Duration Bond Fund - Class I	\$ 15,658,607	\$ 16,342,804
	Vanguard	Long-Term Investment Grade Fund	4,650,744	16,212,257
	Harbor	Capital Appreciation Fund - Institutional	442,070	741,991
	Hotchkis & Wiley	Diversified Value Fund - Class I	572,107	777,400
	Dodge & Cox	International Stock Fund	1,417,489	1,476,593
*	Huntington	Money Market Fund II	1,098,934	1,098,934
	Total Investments		<u>\$ 23,839,951</u>	<u>\$ 36,649,979</u>

* Party in interest

See independent auditors' report.