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), 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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PENSION PLAN FOR EMPLOYEES OF JPS INDUSTRIES INC

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/1998

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
JPS INDUSTRIES, INC.

55 BEATTIE PL STE 1510
GREENVILLE, SC 29601-2146

2b Employer Identification Number (EIN) 57-0868166

2c Sponsor's telephone number 864-239-3900

2d Business code (see instructions) 313000

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.	10/15/2010	MONNIE BROOME
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	WILLIAM E JACKSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
ADMINISTRATIVE COMMITTEE OF JPS INDUSTRIES, INC. RETIREMENT PENSION PL

55 BEATTIE PL STE 1510
GREENVILLE, SC 29601-2146

3b Administrator's EIN
57-0868166

3c Administrator's telephone number
864-239-3900

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

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	6564
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	235
b	Retired or separated participants receiving benefits	**6b**	4018
c	Other retired or separated participants entitled to future benefits	**6c**	1777
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	6030
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	280
f	Total. Add lines **6d** and **6e**	**6f**	6310
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 Characteristic Codes in the instructions:
1A 1G 1I

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **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
RETIREMENT PENSION PLAN FOR EMPLOYEES OF JPS INDUSTRIES INC

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
JPS INDUSTRIES, INC.

D Employer Identification Number (EIN)
57-0868166

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009

2	Assets:			
a	Market value	**2a**		91490285
b	Actuarial value	**2b**		100639313
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	4320	79694627
b	For terminated vested participants	**3b**	1983	16790232
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		76196
	(2) Vested benefits	**3c(2)**		4798286
	(3) Total active	**3c(3)**	261	4874482
d	Total	**3d**	6564	101359341
4	If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		8.26 %
6	Target normal cost	**6**		800000

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

Signature of actuary	Date
SEE ATTCHED SIGNED FILE	10/08/2010
Type or print name of actuary	Most recent enrollment number
EDWARD G DELURYEA	08-05621
Firm name	Telephone number (including area code)
BUCK CONSULTANTS LLC 200 GALLERIA PARKWAY, SUITE 1900 ATLANTA, GA 30339-5945	770-955-2488
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 (Item 13 from prior year)		
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		
b	Interest on (a) using prior year's effective rate of _____%		
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Reduction in balances due to elections or deemed elections		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	99.28 %
15	Adjusted funding target attainment percentage	15	99.28 %
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	95.51 %
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
04/15/2009	234019	0			
07/15/2009	234019	0			
10/15/2009	234019	0			
01/15/2010	234019	0			
09/15/2010	162663	0			
			Totals ► 18(b)	1098739	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 contribution 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	1030544

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 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: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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.	[X] Yes	[ ] No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	[X] Yes	[ ] No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	[X] Yes	[ ] No

27 If the plan is eligible for (and is using) 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 contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**		800000
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		720028	230544
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 (item 31 + item 32a + item 32b – item 33)	**34**		1030544
		Carryover balance	Prefunding balance / Total balance
35 Balances used to offset funding requirement			
36 Additional cash requirement (item 34 minus item 35)	**36**		1030544
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**		1030544
38 Interest-adjusted excess contributions for current year (see instructions)	**38**		0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**		0
40 Unpaid minimum required contribution for all years	**40**		0

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
RETIREMENT PENSION PLAN FOR EMPLOYEES OF JPS INDUSTRIES INC

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
57-0868166

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

TRANSAMERICA LIFE INSURANCE CO
4 MANHATTAN RD
PURCHASE, NM 10577

39-0989781

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

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

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

BNYMELLON BANK NA

ONE MELLON BANK CENTER ROOM 4131
PITTSBURGH, PA 15258-0001

25-0659306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 21	NONE	220755	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

BUCK CONSULTANTS

200 GALLERIA PARKWAY, N.W., SUITE 1
ATLANTA, GA 30339-5945

13-3954297

(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	NONE	13716	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GRANT THORNTON LLP

201 SOUTH COLLEGE STREET
SUITE 2500
CHARLOTTE, NC 28244

36-6055558

(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?
10	NONE	13400	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INDEXX, INC

303 HAYWOOD ROAD
GREENVILLE, SC 29607

57-0965700

(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?
36	NONE	5241	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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name: GRANT THORNTON LLP	**b** EIN:	36-6055558
c	Position: AUDITOR		
d	Address: 201 SOUTH COLLEGE STREET SUITE 2500 CHARLOTTE, NC 28244	**e** Telephone:	704-632-3500

Explanation: THE PLAN DOES NOT BELIEVE OPEN ITEMS RELATED TO THE 2008 AUDIT WERE RESOLVED IN A TIMELY AND EFFICENT MANNER. EFFICENCIES RELATED TO AUDIT BY A SINGLE FIRM WERE ALSO NOT REALIZED. TIME AND DOLLAR SAVINGS WILL ALSO RESULT FROM CHANGE.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
RETIREMENT PENSION PLAN FOR EMPLOYEES OF JPS INDUSTRIES INC

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
JPS INDUSTRIES, INC.

D Employer Identification Number (EIN)
57-0868166

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: EB NCML EAFE PLUS

b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-108	C	2960109

a Name of MTIA, CCT, PSA, or 103-12 IE: EB DV ENHANCED MID CAP CORE FUND

b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-207	C	5718744

a Name of MTIA, CCT, PSA, or 103-12 IE: EB FPA CORE LARGE CAP STK

b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-097	C	11139118

a Name of MTIA, CCT, PSA, or 103-12 IE: EB SMAM AGGREGATE BOND INDEX FUND

b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-067	C	3496320

a Name of MTIA, CCT, PSA, or 103-12 IE: EB DAILY VALUED STOCK INDEX FUND

b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-010	C	11295626

a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMP INV FUND

b Name of sponsor of entity listed in (a): MELLON

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-023	C	737442

a Name of MTIA, CCT, PSA, or 103-12 IE: EB INTERNATIONAL EQUITIES FUND

b Name of sponsor of entity listed in (a): BOSTON COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3242849-001	C	2970317

a Name of MTIA, CCT, PSA, or 103-12 IE: EB SMALL CAP STOCK FUND

b Name of sponsor of entity listed in (a): MELLON

c EIN-PN 25-6078093-026	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3666510

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
RETIREMENT PENSION PLAN FOR EMPLOYEES OF JPS INDUSTRIES INC

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
57-0868166

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)	106624	396682
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	152223	118
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)	40304497	41984186
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	25838264	23055426

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	25033905	21760240
	(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	91435513	87196652
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	78643	65861
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	78643	65861
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	91356870	87130791

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)	1098739	
	(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)		1098739
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(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)		0
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	6378	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		6378

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-3273665	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-3273665
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		8745464
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		15894
	(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)		
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		6592810
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10251086	
	(2) To insurance carriers for the provision of benefits	2e(2)		
	(3) Other	2e(3)	311594	
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		10562680
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)	27116	
	(2) Contract administrator fees	2i(2)	45518	
	(3) Investment advisory and management fees	2i(3)	175238	
	(4) Other	2i(4)	8337	
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		256209
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		10818889
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		-4226079
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: ELLIOTT DAVIS & CO LLC **(2)** EIN: 57-0381582

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
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)

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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
RETIREMENT PENSION PLAN FOR EMPLOYEES OF JPS INDUSTRIES INC

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
57-0868166

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** 0

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): 25-6365449

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** 64

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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 **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 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(es). 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 items 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 items 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 items 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 items 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 items 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 items 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 items 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 item 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 items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 68% Investment-Grade Debt: 32% 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 item 19(b)?
☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

RETIREMENT PENSION PLAN
FOR EMPLOYEES OF
JPS INDUSTRIES, INC.

Financial Statements

For the Years Ended December 31, 2009 and 2008

Supplemental Schedule

and

Report of Independent Certified Public Accountants

RETIREMENT PENSION PLAN
FOR EMPLOYEES OF
JPS INDUSTRIES, INC.

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NOTE: The accompanying financial statements have been prepared for the purpose of filing with Department of Labor Form 5500. The supplemental schedule is required by Section 2520 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Certain other supplemental schedules have been omitted because no events requiring such supplemental schedules occurred during the plan year. Information included in the supplemental schedule has been certified by the trustee as complete and accurate.

elliott davis

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Investment Committee
Retirement Pension Plan for
Employees of JPS Industries, Inc.
Greenville, South Carolina

We were engaged to audit the statement of net assets available for benefits of the Retirement Pension Plan for Employees of JPS Industries, Inc. (the "Plan") as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year then ended and the supplemental schedule of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management. Other auditors were engaged to audit the financial statements of the Plan for the year ended December 31, 2008, whose report dated August 25, 2010, disclaimed an opinion on the 2008 financial statements for the same reasons described in the following paragraph, as well as disclaimed an opinion on the fair value of the investment in employer stock and the Plan's compliance with the minimum funding requirements of the Employee Retirement Income Security Act of 1974.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 7, which was certified or provided by Bank of New York Mellon, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. As disclosed in Note 7, the Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the investment information provided to the Plan administrator by the trustee as of and for the years ended December 31, 2009 and 2008.

As discussed in Note 2 to the financial statements, the 2009 financial statements include the Company's common stock valued at $21,760,240. The stock value has been estimated by an independent valuation specialist in the absence of a readily ascertainable market value. Because of the inherent subjectivity of any valuation the estimated value may differ significantly from the value that would have been used had a ready market for the stock existed and the difference could be material.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedule, other than that derived from the information certified or provided 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Elliott Davis, LLC

Greenville, South Carolina
October 15, 2010

RETIREMENT PENSION PLAN
FOR EMPLOYEES OF
JPS INDUSTRIES, INC.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2009 AND 2008

	December 31,	
Assets:	2009	2008
Investments, at fair value:		
Employer common stock	$ 21,760,240	$ 25,033,905
Common trust funds	41,984,186	40,304,497
Insurance separate account	23,055,426	25,838,264
Total investments, at fair value	86,799,852	91,176,666
Receivables:		
Due from PBGC	-	151,973
Employer contribution receivable	396,682	106,624
Accrued interest and dividends	118	250
Total receivables	396,800	258,847
Total assets	87,196,652	91,435,513
Liabilities:		
Administrative and investment expenses payable	65,861	78,643
Total liabilities	65,861	78,643
Net assets available for benefits	$ 87,130,791	$ 91,356,870

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

RETIREMENT PENSION PLAN
FOR EMPLOYEES OF
JPS INDUSTRIES, INC.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	Year Ended 12/31/2009	Year Ended 12/31/2008
Additions:		
Employer contribution	$ 1,098,739	$ 966,624
Investment income, net:		
Net appreciation (depreciation) in fair value of investments	5,494,072	(17,898,876)
Interest	-	4,314
	5,494,072	(17,894,562)
Less investment expenses	(178,334)	(240,779)
Investment income, net	5,315,738	(18,135,341)
	6,414,477	(17,168,717)
Deductions:		
Benefits paid to participants	10,251,086	10,194,907
Administrative expenses	389,470	351,883
	10,640,556	10,546,790
Net decrease	(4,226,079)	(27,715,507)
Net assets available for benefits:		
Beginning of year	91,356,870	119,072,377
End of year	$ 87,130,791	$ 91,356,870

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

RETIREMENT PENSION PLAN
FOR EMPLOYEES OF
JPS INDUSTRIES, INC.

NOTES TO FINANCIAL STATEMENTS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

1. Plan Description

The following description of the Retirement Pension Plan for Employees of JPS Industries, Inc. (the "Plan") provides only general information. Participants should refer to the Plan Document and Summary Plan Description (not included herein) for more complete information regarding the Plan's provisions.

General - The Plan is a non-contributory defined benefit plan for salaried and hourly employees of the Company ("Company" refers to JPS Industries, Inc. and electing subsidiaries) who have attained the age of 21 and completed one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Administrative Committee, as defined in the Plan document, serves as the administrator (the "Plan Administrator") of the Plan. As of March 1, 2005, the Plan was amended to discontinue the addition of new participants to the Plan and to provide that rehired employees cannot accrue additional benefits, even though they may otherwise be a Plan participant. Effective December 31, 2005, no participant accrued additional benefits under the Plan.

Pension Benefits - The Plan provides for a monthly normal retirement benefit at the later of the date on which a participant attains age 65 or 5 years of service. The Plan has special provisions for early retirement and death. The monthly retirement benefit formula for salaried employees participating in the Plan is .6% of final average pay less than covered compensation (as defined) times credited service divided by 12, plus 1.2% of final average pay greater than covered compensation (as defined) times credited service divided by 12. Also, participants' annual earnings used in calculating benefits are capped at the limits specified by federal law. For hourly employees, the monthly retirement benefit formula is .42% of final average compensation (defined as the highest 5 of the last 10 years worked) times credited service divided by 12. Except for vesting, service or compensation paid after December 31, 2005 is not considered in any benefit determination.

For participants who were participating in the Plan on June 30, 1989, the benefit will never be less than the accrued benefit at that date.

Funding - The Company makes contributions to the Plan, when necessary, to meet minimum funding requirements under applicable laws and regulations. Contributions of $1,098,739 and $966,624 were made by the required dates for the years ended December 31, 2009 and 2008, respectively. These amounts meet or exceeded the minimum funding requirements of ERISA.

Plan Expenses - All reasonable expenses incurred in administering the Plan (with the exception of indirect expenses borne by the Company) are paid by the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting - The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits, the actuarial present value of accumulated plan benefits, disclosure of contingent assets and liabilities at the date of the financial statements, and the changes in net assets available for benefits and changes in the actuarial present value of accumulated plan benefits during the reporting period. Actual results could differ from those estimates.

The Plan relies significantly on the use of estimates in determining the valuation of the Company's common stock. The financial statements include the Company's common stock valued at $21,760,240 and $25,033,905 at December 31, 2009 and 2008, respectively. The stock's value has been estimated by an independent valuation specialist in the absence of a readily ascertainable market value. Because of the inherent subjectivity in any valuation, the estimated value may differ significantly from the value that would have been used had a ready market for the securities existed, and the difference could be material.

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

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

In September 2009, the FASB issued Accounting Standards Update 2009-12, Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent) (ASU 2009-12). ASU 2009-12 amended ASC 820 to allow entities to use net asset value (NAV) per share (or its equivalent), as a practical expedient, to measure fair value when the investment does not have a readily determinable fair value and the net asset value is calculated in a manner consistent with investment company accounting. The Plan adopted the guidance in ASU 2009-12 for the reporting period ended December 31, 2009 and has utilized the practical expedient to measure the fair value of investments within the scope of this guidance based on the investment's NAV. In addition, as a result of adopting ASU 2009-12, the Plan has provided additional disclosures regarding the nature and risks of investments within the scope of this guidance. Refer to Note 4 for these disclosures. Adoption of ASU 2009-12 did not have a material effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

In January 2010, the FASB issued Accounting Standards Update 2010-06, Improving Disclosures about Fair Value Measurements, (ASU 2010-06). ASU 2010-06 amended ASC 820 to clarify certain existing fair value disclosures and require a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each "class" of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented. ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements.

In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2 and 3 of the fair value hierarchy and present information regarding the purchases, sales, issuances and settlements of Level 3 assets and liabilities on a gross basis. With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2011, the guidance in ASU 2010-06 becomes effective for reporting periods beginning after December 15, 2009. Plan management is currently evaluating the effect that the provisions of ASU 2010-06 will have on the Plan's financial statements.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Subsequent events - The Plan has evaluated subsequent events through October 15, 2010, the date the financial statements were available to be issued.

3. Actuarial Present Value of Accumulated Plan Benefits

The accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered. The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, and is that 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 effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective. The actuarial present value of accumulated plan benefits as of December 31 is as follows:

	12/31/2009	12/31/2008
Vested benefits:		
Active participants	$ 3,701,073	$ 4,259,354
Participants currently receiving benefits	74,478,959	75,273,502
Other participants	13,699,872	14,705,787
Total vested benefits	91,879,904	94,238,643
Non-vested benefits	67,092	74,231
Total actuarial present value of accumulated plan benefits	$ 91,946,996	$ 94,312,874

Reconciliation of changes in the actuarial present value of accumulated plan benefits is as follows:

	Year Ended 12/31/2009	Year Ended 12/31/2008
Actuarial present value of accumulated plan benefits as of beginning of year	$ 94,312,874	$ 117,631,357
Increase due to passage of time	7,580,923	6,785,543
Additional benefits accrued and adjustment based on actual experience	304,285	641,042
Increase (decrease) due to interest rate and assumptions	-	(20,541,837)
Benefit payments	(10,251,086)	(10,203,231)
Actuarial present value of accumulated plan benefits as of end of year	$ 91,946,996	$ 94,312,874

Significant actuarial assumptions used or significant changes in the valuation of the actuarial present value of accumulated plan benefits as of December 31, 2009 and 2008 were:

- The Projected Unit Credit actuarial method was used.
- The assumed discount rate in valuing the future liability for plan benefits was 8.5% in the years ended December 31, 2009 and 2008.
- Mortality for assumed to be in accordance with the RP-2000 Employee Mortality Table with Blue-Collar Adjustment for active participants and the RP-2000 Health Annuitant Mortality Table with Blue-Collar Adjustment for retirees, beneficiaries and terminated vested participants.

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

4. Fair Value Measurements

The Financial Accounting Standards Board's ("FASB") Accounting Standards Codification ("ASC") 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework 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 under ASC 820 are described as follows:

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.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. 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 between December 31, 2009 and 2008.

Insurance separate account: Recorded at the fair value of the underlying assets which is equivalent to the contract value.

Common trust funds: Stated at estimated fair values, which have been determined based on the unit values of the funds. Unit values are determined by the bank sponsoring such common trust funds by dividing the fund's net assets at fair value by its units outstanding at each valuation date.

Employer common stock: Estimated by the Plan administrator based on a valuation by an independent valuation specialist.

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

The following tables set forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2009 and 2008:

	Assets at fair value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Common trust funds:				
Growth funds	$ -	$ 9,416,295	$ -	$ 9,416,295
Stock funds	-	14,805,628	-	14,805,628
Index funds	-	14,791,946	-	14,791,946
Equity funds	-	2,970,317	-	2,970,317
Insurance separate account	-	23,055,426	-	23,055,426
Employer common stock	-	-	21,760,240	21,760,240
Total	$ -	$ 65,039,612	$ 21,760,240	$ 86,799,852

	Assets at fair value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Common trust funds	$ -	$ 40,304,497	$ -	$ 40,304,497
Insurance separate account	-	25,838,264	-	25,838,264
Employer common stock	-	-	25,033,905	25,033,905
Total	$ -	$ 66,142,761	$ 25,033,905	$ 91,176,666

Level 3 Gains and Losses

The following tables set forth a summary of changes in the fair value of the plan's level 3 assets for the years ended December 31, 2009 and 2008.

Level 3 Assets

	2009
Beginning balance	$ 25,033,905
Unrealized losses, net	3,273,665
Ending balance	$ 21,760,240

	2008
Beginning balance	$ 23,108,220
Unrealized gains, net	1,925,685
Ending balance	$ 25,033,905

5. Plan Termination

Although it has no intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations there under, the group annuity contract and the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided for at all.

6. Income Tax Status and Plan Amendments

The Plan obtained its latest determination letter dated August 8, 2007, in which the Internal Revenue Service stated that the Plan, as amended effective January 1, 2006, and the related trusts were in compliance with the applicable requirements of the Internal Revenue Code (IRC). Effective January 1, 2008, the Plan was amended to change the Plan Year to the 12-month period beginning January 1 and ending December 31. As a result of final regulations issued under Section 415 of the IRC, the Plan was amended in August, 2009, applicable to limitation years beginning after November 1, 2007. The required amendment has no impact on Plan operations or accrued benefits. The Company believes that the Plan is currently designed and is operating in compliance with the applicable requirements of the IRC.

7. Trustee Certifications

The Bank of New York Mellon ("BNYMellon") serves as trustee of the Plan's assets held in a trust account for the Plan (the "Trust") and thus has responsibility for maintaining plan assets and processing plan investment transactions. Except for the estimated fair value of the employer common stock as of December 31, 2009 and 2008 and its related appreciation (depreciation) for the years ended December 31, 2009 and 2008, the investment information in the accompanying financial statements has been derived from information provided by the trustee. The trustee has provided certification that such investment information is complete and accurate, as required under the method of compliance with the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA elected by the Plan administrator. The investment information supplied by the trustee was not audited by an independent public accountant, as permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

The following is a summary of the unaudited information regarding the Plan as of December 31, 2009 and 2008, and for the years then ended, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information prepared by BNY Mellon and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that such information is complete and accurate.

	2009
Investments:	
Common trust funds	$ 41,984,186
Insurance separate account	23,055,426
Net appreciation in fair value of investments	8,767,737

	2008
Investments	$ 73,671,654
Net depreciation in fair value of investments	(23,190,559)
Interest and dividends	4,314

8. Investments

The following presents individual investments which exceeded 5% of the net assets available for benefits as of December 31, 2009 and 2008:

	Year Ended 12/31/2009	Year Ended 12/31/2008
JPS Industries, Inc. Common Stock, at estimated fair value	$ 21,760,240	$ 25,033,905
Franklin Portfolio EB Core Large Cap Stock Fund	11,139,118	10,607,618
BNYMellon Bond EB Stock Index Fund	11,295,626	10,642,872
TFLIC Insurance Company Immunized Bond Fund – Separate Annuity Contract	23,055,426	25,838,264
BNYMellon Capital – Enhanced Mid Cap Core Fund	5,718,744	5,659,499

Net gain (loss) from investment activity is comprised of the net realized and unrealized gain (loss) from investment activity. Net realized gain (loss) from investment activity is determined based upon the difference between the sales proceeds for investments sold and the fair market value of such investments at the beginning of the plan year, or historical cost if such investments were purchased during the current plan year. Unrealized gain (loss) from investment activity is determined based upon the difference between the fair market value of investments as of the beginning of the plan year, or historical cost for investments purchased during the current plan year and the fair market value of such investments at the end of the plan year. The net gain (loss) earned by each type of investment held by the Plan for the years ended December 31, 2009 and 2008 was as follows:

	Year Ended 12/31/2009	Year Ended 12/31/2008
Employer common stock, at estimated fair value	$ (3,273,665)	$ 1,925,685
Common trust funds	8,751,842	(21,646,092)
Insurance separate account	15,895	1,821,531
	$ 5,494,072	$ (17,898,876)

9. Insurance Separate Account

The Plan holds a deposit administration group annuity contract with an immediate participation guarantee from Transamerica Life Insurance Company ("TFLIC"). The contract covers all active salaried participants' accumulated plan benefits at June 30, 1984. The immediate participation guarantee from TFLIC covers most retired salaried employees as of June 30, 1984; these contracts will collectively be referred to as the "TFLIC Contracts". The TFLIC Contracts unconditionally guarantee benefits to salaried Plan participants earned through June 30, 1984 in the Plan of a predecessor employer. All benefits earned subsequent to June 30, 1984 are covered by the Plan's beneficial interest in the Trust. Accordingly, since the accumulated plan benefits relating to remaining benefits earned through June 30, 1984 are guaranteed by the TFLIC Contracts, the liabilities for such benefits have been effectively satisfied.

The assets deposited under the contracts, which are held by BNYMellon in a separate custodial account, are owned by TFLIC. However, under the contract arrangements with TFLIC and the trustee, investments which relate to the TFLIC Contracts and the related investment earnings (collectively, the "TFLIC Assets") remain in a non-pooled separate custodial account to fund the benefit payments for guaranteed benefits earned as of June 30, 1984. For pension accounting purposes, the assets underlying the TFLIC Contracts are included in the investments of the Trust as insurance company separate accounts.

At such time as the TFLIC Assets might decrease to the level of the trigger point (as defined in the contracts and as computed by TFLIC), which represents the Guaranteed Benefit Obligation ("GBO," which is an amount computed by TFLIC representing the accumulated plan benefits as of June 30, 1984 and is guaranteed by TFLIC plus an Immunization Corridor, as defined in the contracts), TFLIC has the right to transfer the TFLIC Assets from the separate account to TFLIC's general account and cause annuities to be purchased for the individuals covered by these contract arrangements and for whom benefits have been unconditionally guaranteed by TFLIC. Should the TFLIC Assets be insufficient to purchase such annuities, TFLIC is obligated to fund the deficiency. At the discretion of the trustee, all or a portion of certain funds in excess of the trigger point may be transferred from the separate account to the general assets of the Trust and may be used to satisfy non-TFLIC Contract liabilities.

TFLIC determines on a quarterly basis the GBO and trigger point for the contract. Since the TFLIC Assets were in excess of the trigger point at the quarterly testing date ending on December 31, 2009, assets were not transferred from their separate account to TFLIC's general account and no annuities were purchased for the individuals covered by these contract arrangements.

10. Risks and Uncertainties

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

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 would be material to the financial statements.

11. Party-In-Interest Transactions

Certain plan investments are shares of the Plan sponsor's common stock. The Plan held 1,925,685 shares of the Plan sponsor's common stock at both December 31, 2009 and 2008, valued at $21,760,240 and $25,033,905, respectively. This investment and transactions in this investment qualify as party-in-interest transactions which are exempt from the prohibited transaction rules of ERISA.

Also, certain Plan investments are units or interests in common trust funds managed by BNYMellon, the Trustee of the Plan. In accordance with the provisions of ERISA, transactions involving such investments qualify as party-in-interest transactions. Amounts paid to BNYMellon for investment and administrative fees totaled $220,755 and $285,936 for the years ended December 31, 2009 and 2008, respectively.

RETIREMENT PENSION PLAN
FOR EMPLOYEES OF
JPS INDUSTRIES, INC.
EIN: 57-0868166 – PLAN: 001
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2009

(a)	(b) Identify of issuer, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Value
*	JPS Industries, Inc.	Common Stock	$ 5,663,489	$ 21,760,240
	Common Trust Funds:			
*	BNYMellon	EB Temporary Investment Fund	737,442	737,442
*	Boston Company	Non U.S. Value Equity Fund	2,409,596	2,970,317
*	Newton Capital	EB EAFE Core Plus Fund	3,282,143	2,960,109
*	BNYMellon Capital	EB Mid Cap Core Fund	3,965,056	5,718,744
*	Franklin Portfolio	EB Core Large Cap Stock Fund	11,121,159	11,139,118
*	BNYMellon Bond	EB Aggregate Bond Index Fund	2,613,122	3,496,320
*	BNYMellon Bank	EB Stock Index Fund	10,230,726	11,295,626
*	BNYMellon Bank	EB Small Cap Stock Fund	4,070,424	3,666,510
	TFLIC Life Insurance Company	Separate Annuity Contract	22,877,330	23,055,426
			$ 66,970,487	$ 86,799,852

**Permitted party in interest*

The information in this schedule was derived from information certified as complete and accurate by Bank of New York Mellon, the trustee of the Plan.

RETIREMENT PENSION PLAN FOR EMPLOYEES OF JPS INDUSTRIES, INC.
EIN/PIN 57-0868166 / 001

Schedule SB, line 26 – Schedule of Active Participant Data

	Credited Service										
Age	**< 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40+**	**Total**
< 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	6	2	0	0	0	0	0	0	0	8
30-34	0	7	3	2	0	0	0	0	0	0	12
35-39	0	8	3	5	1	0	0	0	0	0	17
40-44	0	3	5	5	12	0	0	0	0	0	25
45-49	0	6	17	5	11	1	6	3	0	0	49
50-54	0	6	13	4	11	1	3	14	0	0	52
55-59	0	3	10	5	4	2	1	9	5	0	39
60-64	0	4	7	2	5	1	2	1	7	11	40
65-69	0	1	1	0	2	1	2	1	3	7	18
70+	0	0	0	0	1	0	0	0	0	0	1
TOTAL	0	44	61	28	47	6	14	28	15	18	261

RETIREMENT PENSION PLAN FOR EMPLOYEES OF JPS INDUSTRIES, INC.
EIN/PIN 57-0868166 / 001

SCHEDULE SB, LINE 32 – SCHEDULE OF AMORTIZATION BASES

Shortfall Amortization Summary

Date Established	Initial Amount	Type of Base	Remaining Installments	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2009
January 1, 2008	$ 5,596,603	Shortfall	6	$ 936,073	$ 4,695,988
January 1, 2009	$(3,975,960)	Shortfall	7	$ (705,529)	$ (3,975,960)
Total charge				$ 230,544	$ 720,028

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **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

Retirement Pension Plan for Employees of JPS Industries, Inc.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

JPS Industries, Inc.

D Employer Identification Number (EIN)

57-0868166

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2009

2	Assets:			
	a Market value		**2a**	91,490,285
	b Actuarial value		**2b**	100,639,313
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	4,320	79,694,627
	b For terminated vested participants	**3b**	1,983	16,790,232
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		76,196
	(2) Vested benefits	**3c(2)**		4,798,286
	(3) Total active	**3c(3)**	261	4,874,482
	d Total	**3d**	6,564	101,359,341
4	If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	8.26 %
6	Target normal cost		**6**	800,000

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 Edward DeLuryea — Signature of actuary

10/8/2010 — Date

Edward G. DeLuryea — Type or print name of actuary

08-05621 — Most recent enrollment number

Buck Consultants, LLC — Firm name

(770)955-2488 — Telephone number (including area code)

200 Galleria Parkway, Suite 1900

Atlanta GA 30339-5945 — 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 (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of (16.18)%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of 6.03 %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	99.28 %
15	Adjusted funding target attainment percentage	15	99.28 %
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	95.51 %
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
04/15/2009	234,019				
07/15/2009	234,019				
10/15/2009	234,019				
01/15/2010	234,019				
09/15/2010	162,663				
			Totals ▶ 18(b)	1,098,739	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 contribution 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	1,030,544

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) — **21b**

22 Weighted average retirement age — **22** 62

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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. [X] Yes [ ] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment [X] Yes [ ] No

27 If the plan is eligible for (and is using) 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 contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**		800,000
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		720,028	230,544
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 (item 31 + item 32a + item 32b - item 33)	**34**		1,030,544

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	1,030,544
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	1,030,544
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **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

Retirement Pension Plan for Employees of JPS Industries, Inc.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

JPS Industries, Inc.

D Employer Identification Number (EIN)

57-0868166

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

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Statement by Enrolled Actuary

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SIGN HERE Edward DeLuryea — Signature of actuary

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11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
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Liquidity shortfall as of end of Quarter of this plan year

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) — **21b**

22 Weighted average retirement age — **22** 62

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

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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**		
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RETIREMENT PENSION PLAN FOR EMPLOYEES OF JPS INDUSTRIES, INC.
EIN/PIN 57-0868166 / 001

Schedule SB, Line 21b – Explanation of Applicable Month for Discount Rate

The plan used the full yield curve with a two month lookback as allowed by IRS guidance. However, line 21b was left blank in order to avoid EFAST filing problems.

RETIREMENT PENSION PLAN FOR EMPLOYEES OF JPS INDUSTRIES, INC.
EIN/PIN 57-0868166 / 001

Schedule SB, Part V – Summary of Plan Provisions

Effective December 31, 2005, the accrued benefit was frozen.

Effective Date

November 1, 1988.

Plan Year

Beginning in 2008, the plan year is January 1 to December 31.

Participation

Each employee of an employer become a participant in the plan on the later of the date he attains age 21 or completes 1,000 hours of service during the 12 months of employment from his original date of hire.

Hours of Service

Each hour for which an employee is paid or entitled to payment for the performance of duties

Vesting Service

One year for each year (measured from date of hire) in which the employee earns at least 1,000 hours of service with the Company.

Benefit Service

A participant receives one year of benefit service for each plan year in which he completes 1,000 hours of service.

Compensation

The amount of compensation reported as taxable income on the participant's W-2 Form as limited by IRC §401(a)(17).

Covered Compensation

The average of Social Security taxable wage bases during the 35-years ending with the calendar year in which the participant attains Social Security Retirement Age.

Final Average Compensation

The average of a participant's compensation for the five consecutive calendar years out of the final ten calendar years of participation in which the average is the highest.

Accrued Benefit

Salaried Employees: One-twelfth the greatest of (A), (B), and (C)

(A) 0.6% of Final Average Compensation multiplied by Years of Benefit Service plus 0.6% of Final Average Compensation in excess of Covered Compensation multiplied by Years of Benefit service up to 35 years;

(B) 0.6% of Final Average Compensation multiplied by Years of Benefit Service earned after June 30, 1989 up to 35 years plus 0.6% of Final Average Compensation in excess of Covered Compensation multiplied by Years of Benefit service earned after June 30, 1989 up to 35 years plus the participant's Accrued Benefit as of June 30, 1989;

(C) 0.6% of Final Average Compensation multiplied by Years of Benefit Service earned after October 31, 1994 up to 35 years plus 0.6% of Final Average Compensation in excess of Covered Compensation multiplied by Years of Benefit service earned after October 31, 1994 up to 35 years plus the participant's Accrued Benefit as of October 31, 1994.

Hourly Employees: One-twelfth the greater of:

(A) 0.42% of Final Average Compensation multiplied by Years of Benefit Service;

(B) the participant's Accrued Benefit as of June 30, 1989.

Normal Retirement

Eligibility

Termination of employment on or after attainment of age 65.

Benefit

Accrued Benefit determined as of the termination date. Payments commence on the first day of the month on or after date of termination.

Early Retirement

Eligibility

Termination of employment on or after attainment of age 55.

Benefit

Accrued benefit determined as of the termination date, payable commencing at the Participant's Normal Retirement Date.

At the option of the Participant, the benefit can become payable earlier on the first day of any month, but is reduced to reflect early commencement. The reduction is one-third of one percent for each of the first 60 months and one-half of one percent for each of the next 60 months that commencement of benefit payments commence precedes the Participant's Normal Retirement Date.

Deferred Vested Retirement

Eligibility

Termination of employment after the completion of five years of vesting service.

Benefit

Accrued benefit determined as of the termination date, commencing at the Participant's Normal Retirement Date.

At the option of the Participant, the benefit can become payable at the participant's Early Retirement Date or the first day of any month thereafter. The amount of the benefit payable before the participant's Normal Retirement Date is the actuarial equivalent of the participant's Normal Retirement Benefit.

Death Benefits

Eligibility

Death after the attainment of age 55 or the age plus service greater than or equal to 70.

Benefit

50% of the participant's accrued benefit, not reduced for early commencement.

Pre-retirement Survivor Benefits

Eligibility

Death after completion of five years of vesting service and not eligible for the Death Benefit.

Benefit

Participant's spouse receives the benefit that would have been payable to the spouse if the participant had terminated employment prior to death, survived to age 55, elected a 50% Joint & Survivor annuity, and then died. If the benefit commences prior to the participant's Normal Retirement Date, the benefit shall be actuarially reduced to reflect early commencement.

Disability Benefits

Eligibility

Total and permanent disability after the completion of five years of vesting service.

Benefit

Accrued benefit determined as of the date of disability, commencing at the Participant's Normal Retirement Date.

At the option of the Participant, the benefit can become payable at the participant's Early Retirement Date or the first day of any month thereafter. The amount of the benefit payable before the participant's Normal Retirement Date is the actuarial equivalent of the participant's Normal Retirement Benefit.

Normal Form of Benefit

Single Participants

Single Life Annuity

Married Participants

Qualified 50% Joint & Survivor Annuity

Optional Form of Benefit

Single Life Annuity

This form provides monthly payments for the participant's lifetime.

50% & 100% Joint & Survivor Annuity

This form provides reduced monthly payments during the Participant's lifetime with monthly payments to the surviving spouse after the Participant's death equal to 50% and 100%, respectively, of the amount paid during the Participant's lifetime. The payments are the actuarial equivalent value of the Normal Form of Benefit.

Employee Contributions

None required or permitted.

Changes in Plan Provision Since Prior Valuation

There were no changes in the plan provisions from the prior year.

Schedule H, Line 4i
Schedule of Assets (Held At End of Year)

Name of Plan:

► RETIREMENT PENSION PLAN FOR EMPLOYEES OF JPS INDUSTRIES INC

Employer Identification Number:► 57-0868166

For plan year (beginning/ending):► 01/01/2009 to 12/31/2009 Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	JPS Industries Inc	Common Stock	5,663,489	21,760,240
	BNYMellon	EB Temporary Investment Fund	737,442	737,442
	Boston Company (BNYMellon)	Non U.S. Value Equity Fund	2,409,596	2,970,317
	Newton Capital (BNYMellon)	EB EAFE Core Plus Fund	3,282,143	2,960,109
	BNYMellon Capital	EB Mid Cap Core Fund	3,965,056	5,718,744
	Franklin Portfolio (BNYMellon)	EB Core Large Cap Stock Fund	11,121,159	11,139,118
	BNYMellon Bond	EB Aggregate Bond Index Fund	2,613,122	3,496,320
	BNY Mellon	EB Stock Index Fund	10,230,726	11,295,626
	BNYMellon	EB Small Cap Stock Fund	4,070,424	3,666,510
	Transamerica Life Insurance	Group Annunity Contract - Separate Acct	22,877,330	23,055,426
			66,970,487	86,799,852

RETIREMENT PENSION PLAN FOR EMPLOYEES OF JPS INDUSTRIES, INC.
EIN/PIN 57-0868166 / 001

2009 Schedule SB, line 14 – Funding target attainment percentage

The FTAP reported on this year's Schedule SB was truncated to the lowest .01% as required by the instructions. However, the plan's actual FTAP is 99.29% as calculated by rounding to the nearest .01% in accordance with final regulation 1.436-1(g)(6) Example 3(ii).

RETIREMENT PENSION PLAN FOR EMPLOYEES OF JPS INDUSTRIES, INC.
EIN/PIN 57-0868166 / 001

2009 Schedule SB, line 15 – Adjusted funding target attainment percentage

The AFTAP reported on this year's Schedule SB was truncated to the lowest .01% as required by the instructions. However, the plan's actual AFTAP is 99.29% as calculated by rounding to the nearest .01% in accordance with final regulation 1.436-1(g)(6) Example 3(ii).

RETIREMENT PENSION PLAN FOR EMPLOYEES OF JPS INDUSTRIES, INC.
EIN/PIN 57-0868166 / 001

SCHEDULE SB, LINE 32 – SCHEDULE OF AMORTIZATION BASES

Shortfall Amortization Summary

Date Established	Initial Amount	Type of Base	Remaining Installments	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2009
January 1, 2008	$ 5,596,603	Shortfall	6	$ 936,073	$ 4,695,988
January 1, 2009	$(3,975,960)	Shortfall	7	$ (705,529)	$ (3,975,960)
Total charge				$ 230,544	$ 720,028

RETIREMENT PENSION PLAN FOR EMPLOYEES OF JPS INDUSTRIES, INC.
EIN/PIN 57-0868166 / 001

Schedule SB, line 25 – Change in Method

- The asset valuation method was changed from the market value with contribution receivables to a two year smoothing method as follows:

  Assets are valued according to the following general formula:
  MV – (2/3)G1 – (1/3)G2 not less than .9 of MV; not greater than 1.1 of MV

  where

  MV = Market value of assets as of valuation date
  Gn = Gain(loss), or actual return on market value minus expected return on market value, during the nth year preceding the valuation date.

- The interest rate structure used for valuing funding liabilities changed from the segment rates with no lookback or phase-in to a full yield curve with a two month lookback.

RETIREMENT PENSION PLAN FOR EMPLOYEES OF JPS INDUSTRIES, INC.
EIN/PIN 57-0868166 / 001

Schedule SB, line 24 – Change in Actuarial Assumptions

- Expected administrative expenses of $800,000 were added to the Target Normal Cost.

RETIREMENT PENSION PLAN FOR EMPLOYEES OF JPS INDUSTRIES, INC.
EIN/PN: 57-0868166 / 001

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

Age	(1) q^r Retirement Rate	(2) q^(not r) Other Decrements	(3) 1-q^T Employment Rate	(4) tpx Cumulative Employment	(5) tpx*qx*(Age+1/2) Age Weighting	(6) tpx*qx Cumulative Decrements	(7) Weighted RA = Sum (5) / (6)
55	0.020	0.0095	0.9705	1.0000	1.1100	0.0200	
56	0.020	0.0106	0.9694	0.9705	1.0967	0.0194	
57	0.020	0.0117	0.9683	0.9408	1.0819	0.0188	
58	0.050	0.0129	0.9371	0.9110	2.6647	0.0456	
59	0.050	0.0142	0.9358	0.8537	2.5398	0.0427	
60	0.075	0.0156	0.9094	0.7989	3.6250	0.0599	
61	0.100	0.0171	0.8829	0.7265	4.4680	0.0727	
62	0.250	0.0187	0.7313	0.6414	10.0219	0.1604	
63	0.200	0.0205	0.7795	0.4691	5.9576	0.0938	
64	0.250	0.0224	0.7276	0.3657	5.8969	0.0914	
65	1.000	0.0000	0.0000	0.2661	17.2965	0.2661	
					38.4625	0.6247	

Weighted Average Retirement Age: 62

The weighted average retirement age is computed as the sum, over all ages, of the expected retirement rate multiplied by the probability of remaining in service to each age multiplied by the age divided by the sum of the expected retirement rate multiplied by the probability of remaining in service to each age.