

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                |                                                                                 |                                            |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                |                                                                                 |                                            |
| For calendar plan year 2009 or fiscal plan year beginning <u>04/01/2009</u> and ending <u>03/31/2010</u> |                                                                |                                                                                 |                                            |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan;                 | <input type="checkbox"/> a multiple-employer plan; or                           |                                            |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan;    | <input type="checkbox"/> a DFE (specify) ____                                   |                                            |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report;              | <input type="checkbox"/> the final return/report;                               |                                            |
|                                                                                                          | <input type="checkbox"/> an amended return/report;             | <input type="checkbox"/> a short plan year return/report (less than 12 months). |                                            |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                       |                                                                                 |                                            |
| <b>D</b> Check box if filing under:                                                                      | <input type="checkbox"/> Form 5558;                            | <input type="checkbox"/> automatic extension;                                   | <input type="checkbox"/> the DFVC program; |
|                                                                                                          | <input type="checkbox"/> special extension (enter description) |                                                                                 |                                            |

|                                                                                                                                                                                                                                                  |                                                                |                                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                   | <b>Basic Plan Information</b> —enter all requested information |                                                              |  |
| <b>1a</b> Name of plan<br><u>PSS WORLD MEDICAL, INC. SAVINGS PLAN</u>                                                                                                                                                                            | <b>1b</b> Three-digit plan number (PN) ▶                       | <u>001</u>                                                   |  |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br><br><u>PSS WORLD MEDICAL, INC.</u><br><br><u>4345 SOUTHPOINT BLVD</u><br><u>JACKSONVILLE, FL 32216-6166</u> |                                                                | <b>1c</b> Effective date of plan<br><u>10/01/1988</u>        |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>59-2280364</u>                                                                                                                                                                              |                                                                | <b>2c</b> Sponsor's telephone number<br><u>904-332-3436</u>  |  |
| <b>2d</b> Business code (see instructions)<br><u>424990</u>                                                                                                                                                                                      |                                                                | <div style="background-color: #cccccc; height: 40px;"></div> |  |

**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.

|                  |                                                   |                   |                                                              |
|------------------|---------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | <u>09/24/2010</u> | <u>MARK ROTONDARO</u>                                        |
|                  | <b>Signature of plan administrator</b>            | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | <u>09/24/2010</u> | <u>MARK ROTONDARO</u>                                        |
|                  | <b>Signature of employer/plan sponsor</b>         | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> | _____                                             | _____             | _____                                                        |
|                  | <b>Signature of DFE</b>                           | Date              | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)  
v.092307.1

|                                                                                                                                                                               |                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>PSS WORLD MEDICAL, INC.<br><br>4345 SOUTHPOINT BLVD<br>JACKSONVILLE, FL 32216-6166 | <b>3b</b> Administrator's EIN<br>59-2280364<br><br><b>3c</b> Administrator's telephone number<br>904-332-3436 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |      |
|-------------------------------------------------------------------------|----------|------|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 3990 |
|-------------------------------------------------------------------------|----------|------|

|                                                                                                                                                        |           |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |      |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 3617 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 0    |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 409  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 4026 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 2    |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 4028 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 2375 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 368  |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
2E 2F 2G 2J 2K 2T 3H

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

**a Pension Schedules**

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

**b General Schedules**

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2009</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010                                                                                                                                |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>PSS WORLD MEDICAL, INC. SAVINGS PLAN                                                                                                                                                             | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 001                                            |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>PSS WORLD MEDICAL, INC.                                                                                                                                  | <b>D</b> Employer Identification Number (EIN)<br>59-2280364                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| PRINCIPAL LIFE INSURANCE COMPANY                                                                                  |
| 42-0127290                                                                                                        |

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 13 50 64                         | CONTRACT<br>ADMINISTRATOR                                                                                            | 11550                                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                               | 0                                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                             |

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

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

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

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:



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

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

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2009</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2009 or fiscal plan year beginning <b>04/01/2009</b> and ending <b>03/31/2010</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>PSS WORLD MEDICAL, INC. SAVINGS PLAN</b>                                     | <b>B</b> Three-digit plan number (PN) ►                                | <b>001</b> |
|                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>PSS WORLD MEDICAL, INC.</b>          | <b>D</b> Employer Identification Number (EIN)<br><br><b>59-2280364</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 0                     | 636901          |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | 0                     | 730713          |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 0                     | 0               |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 117368                | 582864          |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 13829399              | 15383458        |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 60603123              | 95379555        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 23647135              | 34812856        |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 98197025              | 147526347       |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0 |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0 |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |           |
|-----------------------------------------------------------|-----------|----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 98197025 | 147526347 |
|-----------------------------------------------------------|-----------|----------|-----------|

**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 Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 2273410    |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 10214501   |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 266225     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 12754136  |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |         |         |
|------------------------------------------------------------------------------------------------------|-----------------|---------|---------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 438     |         |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> | 0       |         |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> | 0       |         |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> | 0       |         |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |         |         |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> | 0       |         |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |         | 438     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                      | <b>2b(2)(A)</b> | 0       |         |
| <b>(B)</b> Common stock .....                                                                        | <b>2b(2)(B)</b> | 0       |         |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                            | <b>2b(2)(C)</b> | 778522  |         |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....            | <b>2b(2)(D)</b> |         | 778522  |
| (3) Rents .....                                                                                      | <b>2b(3)</b>    |         | 0       |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                           | <b>2b(4)(A)</b> | 4507801 |         |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                        | <b>2b(4)(B)</b> | 3140103 |         |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....            | <b>2b(4)(C)</b> |         | 1367698 |

|                                                                                                   |          | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|----------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | 2b(5)(A) | 0          |           |
| (B) Other .....                                                                                   | 2b(5)(B) | 12945206   |           |
| (C) Total unrealized appreciation of assets.<br>Add lines 2b(5)(A) and (B).....                   | 2b(5)(C) |            | 12945206  |
| (6) Net investment gain (loss) from common/collective trusts .....                                | 2b(6)    |            | 222725    |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | 2b(7)    |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | 2b(8)    |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | 2b(9)    |            | 0         |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | 2b(10)   |            | 28247916  |
| <b>c</b> Other income.....                                                                        | 2c       |            | 1026828   |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | 2d       |            | 57343469  |

**Expenses**

|                                                                                            |       |         |         |
|--------------------------------------------------------------------------------------------|-------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | 2e(1) | 7620917 |         |
| (2) To insurance carriers for the provision of benefits .....                              | 2e(2) | 0       |         |
| (3) Other .....                                                                            | 2e(3) | 0       |         |
| (4) Total benefit payments. Add lines 2e(1) through (3).....                               | 2e(4) |         | 7620917 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | 2f    |         | 381680  |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | 2g    |         |         |
| <b>h</b> Interest expense.....                                                             | 2h    |         | 0       |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | 2i(1) | 0       |         |
| (2) Contract administrator fees .....                                                      | 2i(2) | 11550   |         |
| (3) Investment advisory and management fees .....                                          | 2i(3) | 0       |         |
| (4) Other .....                                                                            | 2i(4) | 0       |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                        | 2i(5) |         | 11550   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 8014147 |

**Net Income and Reconciliation**

|                                                                |       |  |          |
|----------------------------------------------------------------|-------|--|----------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 49329322 |
| <b>l</b> Transfers of assets:                                  |       |  |          |
| (1) To this plan.....                                          | 2l(1) |  | 0        |
| (2) From this plan .....                                       | 2l(2) |  | 0        |

**Part III Accountant's Opinion**

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

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

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

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

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

(1) Name: THE GRIGGS GROUP

(2) EIN: 20-0708248

**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  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> 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.).....                 |     | X  | 0       |
| <b>b</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.)..... |     | X  | 0       |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |     | X  | 0       |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |     | X  | 0       |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |         |
| <b>n</b> 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. ....                                                                                                                        |     |    |         |

- 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)

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>2009</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2009 or fiscal plan year beginning 04/01/2009 and ending 03/31/2010

|                                                                                                 |                                                                    |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>PSS WORLD MEDICAL, INC. SAVINGS PLAN</u>                            | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>PSS WORLD MEDICAL, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>59-2280364</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>42-0127290</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |          |

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

|                                                                                                                                                                                                                                                         |                                                                                                                         |                             |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                     | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                    |                                                                                                                         |                             |                              |
| <b>5</b> 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. |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                             | <b>6a</b>                                                                                                               |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                              | <b>6b</b>                                                                                                               |                             |                              |
| <b>c</b> 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).....                                                                                                         | <b>6c</b>                                                                                                               |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                           |                                                                                                                         |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                      | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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?..... | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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): \_\_\_\_\_

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

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

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

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

**PSS WORLD MEDICAL, INC.**  
**SAVINGS PLAN**

Financial Statements  
March 31, 2010 and 2009 and  
For the Year Ended March 31, 2010 and  
Supplemental Schedule as of March 31, 2010

# **PSS WORLD MEDICAL, INC. SAVINGS PLAN**

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\* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable, or are not required for participant-directed investment transactions.



## REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Participants and Administrator of the  
PSS World Medical, Inc. Savings Plan:

We have audited the accompanying statements of net assets available for benefits of PSS World Medical, Inc. Savings Plan as of March 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended March 31, 2010. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of PSS World Medical, Inc. Savings Plan as of March 31, 2010 and 2009, and the changes in net assets available for benefits for the year then ended, in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying supplemental schedule, Schedule H, Line 4i-Schedule of Assets (Held at End of Year) as of March 31, 2010, is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

*The Griggs Group, CPAs*

August 25, 2010  
Ponte Vedra Beach, Florida

PSS WORLD MEDICAL, INC. SAVINGS PLAN  
Statements of Net Assets Available for Benefits  
March 31, 2010 and 2009

---

|                                                                                                   | <u>2010</u>           | <u>2009</u>          |
|---------------------------------------------------------------------------------------------------|-----------------------|----------------------|
| Assets:                                                                                           |                       |                      |
| Investments, at fair value                                                                        | \$ 146,158,733        | \$ 98,197,025        |
| Receivables:                                                                                      |                       |                      |
| Employee contribution                                                                             | 730,713               | -                    |
| Employer contribution                                                                             | 636,901               | -                    |
| Total receivables                                                                                 | 1,367,614             | -                    |
| Total assets                                                                                      | 147,526,347           | 98,197,025           |
| Liabilities:                                                                                      |                       |                      |
| Payables                                                                                          | 332,159               | 394,581              |
| Net assets available for benefits at fair value                                                   | 147,194,188           | 97,802,444           |
| Adjustment from fair value to contract value for<br>fully benefit-responsive investment contracts | 85,559                | 1,112,387            |
| Net assets available for benefits                                                                 | <u>\$ 147,279,747</u> | <u>\$ 98,914,831</u> |

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The accompanying notes are an integral part of these financial statements

PSS WORLD MEDICAL, INC. SAVINGS PLAN  
Statement of Changes in Net Assets Available for Benefits  
For the Year Ended March 31, 2010

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|                                                    | <u>2010</u>                  |
|----------------------------------------------------|------------------------------|
| Additions to net assets available for benefits:    |                              |
| Investment income:                                 |                              |
| Net appreciation in fair value of investments      | \$ 42,674,355                |
| Dividends and interest income                      | 888,150                      |
| Net investment gain                                | <u>43,562,505</u>            |
| Contributions:                                     |                              |
| Participant                                        | 9,882,342                    |
| Employer                                           | 2,273,410                    |
| Rollovers from qualified plans                     | 266,225                      |
| Total contributions                                | <u>12,421,977</u>            |
| Net additions                                      | <u>55,984,482</u>            |
| Deductions from net assets available for benefits: |                              |
| Benefits paid to participants                      | (7,608,016)                  |
| Administrative expenses                            | <u>(11,550)</u>              |
| Total deductions                                   | <u>(7,619,566)</u>           |
| Net increase                                       | 48,364,916                   |
| Net assets available for benefits:                 |                              |
| Beginning of year                                  | 98,914,831                   |
| End of year                                        | <u><u>\$ 147,279,747</u></u> |

---

The accompanying notes are an integral part of these financial statements

**1. Description of the Plan:**

The following description of the PSS World Medical, Inc. Savings Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution retirement plan covering substantially all employees of PSS World Medical, Inc. and its subsidiaries (the "Company" or "employer"). The Plan was created under the provisions of Section 401(a) of the Internal Revenue Code (the "IRC") and includes a qualified deferred arrangement, as described in Section 401(k) of the IRC, for the benefit of eligible employees of the Company. The Plan also has the features of an employee stock ownership plan ("ESOP"), whereby employee and employer contributions can be invested in the PSS World Medical, Inc. unitized stock fund, which means participants do not actually own shares of PSS World Medical, Inc. common stock but rather own interest in the unitized stock fund. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, ("ERISA"), as amended.

Eligibility

Any employee of the Company is eligible to participate in the Plan upon completing 30 days of service. Plan entry dates are the first day of each month within the Plan year.

Contributions

The Plan is funded through voluntary employee salary deferrals and employer contributions. Participants can elect to defer up to 85% but not less than 1% of compensation, as defined by the Plan and as limited by requirements of the IRC. Participants who have attained age 50 before the close of the calendar year are eligible to make an additional elective deferral contribution. Participant elective contributions are invested by the Trustee in the investment options (mainly mutual funds and employer securities) as directed by the participant. The Plan also allows participants to make elective contributions from bonuses. On December 17, 2009, the Plan was amended to exclude special discretionary bonuses from compensation for the purpose of calculating participant and Company matching contributions.

The Company may make the following types of contributions: (i) Supplemental ESOP matching contributions, (ii) ESOP matching contributions, (iii) Non-ESOP matching contributions, (iv) ESOP employer contributions, (v) Employer discretionary contributions, and (vi) Qualified non-elective contributions.

*Supplemental ESOP Matching Contributions*

For the Plan year ended March 31, 2010, the Company made no Supplemental ESOP Matching Contributions.

*ESOP Matching Contributions*

For the Plan year ended March 31, 2010, the Company made no ESOP Matching Contributions.

**1. Description of the Plan (Continued):**

*Non-ESOP Matching Contributions*

The Company's board of directors may elect annually to make a discretionary contribution in the form of a non-ESOP matching contribution (contributions to be invested at the direction of the participant). Such contributions are allocated to participants based on the formula established by the board of directors. The board of directors also determines the percentage of participant elective contributions to be matched as well as the maximum amount of match to be contributed. A participant must make elective salary deferrals to be eligible for such matching contributions.

Non-ESOP Matching Contributions for each eligible participant are equal to the lesser of (i) 50% of a participant's elective deferral amount up to 6% of a participant's compensation for the Plan year or (ii) \$1,250. This Non-ESOP Matching Contribution is subject to a six-year vesting schedule, as described below in *Vesting*. The Non-ESOP Matching Contributions for the Plan year ended March 31, 2010 were \$1,820,831, of which \$1,652,663 was funded by the Company and \$168,168 was covered by forfeitures already in the Plan.

*ESOP Employer Contributions*

There were no ESOP employer contributions for the Plan year ended March 31, 2010.

*Employer Discretionary Contributions*

The Company's board of directors may also elect annually to make employer discretionary contributions. For the Plan year ended March 31, 2010, such contributions were made to non-highly compensated employees who were employed on the last day of the Plan year. The amount of such contributions was equal to 0.5% of each non-highly compensated employee's compensation for Plan year end March 31, 2010. Employer discretionary contributions for the Plan year ended March 31, 2010 were \$620,716, recorded in Employer contribution receivables on the statements of net assets available for benefits as of plan year ended March 31, 2010.

*Qualified Non-Elective Contributions*

The Company's board of directors may also elect annually to make qualified non-elective contributions. Such contributions may be allocated to a limited number of non-highly compensated employees and are only made to eliminate potential discrimination with respect to participant elective contributions or employer matching contributions that would otherwise favor highly compensated employees. There were no qualified non-elective contributions for the Plan year ended March 31, 2010.

*Vesting*

Participants are immediately vested in their contributions. Participants are vested in the Company's ESOP matching contributions, Non-ESOP matching contributions, ESOP employer contributions, and earnings thereon based on years of continuous service, as defined in the Plan, according to the following schedule:

|                                      |      |
|--------------------------------------|------|
| Less than two years of service       | 0%   |
| Two years but less than three years  | 20%  |
| Three years but less than four years | 40%  |
| Four years but less than five years  | 60%  |
| Five years but less than six years   | 80%  |
| Six years or more                    | 100% |

**1. Description of the Plan (Continued):**

In the event of total and permanent disability or death, a participant shall become 100% vested in the participant's account balance.

Forfeited Accounts

Nonvested portions of the Company's discretionary contributions are forfeited as of a participant's termination date and are used to reduce future Company matching contributions. During the Plan year ended March 31, 2010, forfeitures of nonvested accounts totaled \$80,894. Forfeitures used to reduce Company matching contributions were \$168,168 for the Plan year ended March 31, 2010. There were no forfeitures used to reduce employer matching contributions for the Plan year ended March 31, 2009. As of March 31, 2010 and March 31, 2009, forfeited, nonvested accounts of \$4,279 and \$88,553, respectively, were reflected in the accompanying *Statements of Net Assets Available for Benefit*.

Benefits Paid to Participants

Upon retirement, death, disability, or other severance of employment, a participant or his/her beneficiary may elect to receive an amount equal to the value of the participant's vested interest in the participant's account. Balances in participant accounts are paid in a single lump sum.

Participants who have an account balance in the Plan's unitized stock fund will have their account balances distributed in shares of the Company's common stock (with fractional shares paid in cash) or cash as elected by the participant with payment to the participant at their direction. On March 28, 2005, the Plan was amended to address federally mandated automatic rollovers, where certain distributions may be rolled over to an Individual Retirement Plan. On November 11, 2008, the Plan was amended to comply with the final Treasury regulations under section 415 of the IRC which amended the definition of compensation under the Plan to include severance.

Participant Loans

The Plan does not permit participant loans.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's contribution, and an allocation of Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Voting Rights

Each participant is entitled to exercise voting rights attributable to the shares allocated to his or her account and is notified by the Transfer Agent of the Company prior to the time that such rights are to be exercised. The Trustee will vote any allocated shares according to the instructions given by a participant. If no instructions are given to the Trustee by a participant, the Trustee will vote any allocated shares on behalf of the collective best interest of plan participants and beneficiaries.

## 2. Summary of Significant Accounting Policies:

### Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

### Use of Estimates

The preparation of the financial statements in conformity with U.S. generally accepted accounting principals ("GAAP") requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from these estimates.

### Income and Expense Recognition

Interest income is recorded as earned on the accrual basis of accounting. Dividend income is recorded on the ex-dividend date. Net appreciation or depreciation in fair value of investments is allocated on a daily basis to participant accounts. Purchases and sales of investments are recorded on a trade date basis.

Management fees and operating expenses charged to the Plan for investments in the mutual funds are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments, allocated to the individual accounts.

### Investment Valuation

Investments in mutual funds and bond funds are stated at fair value, which are based on published market quotations on national exchanges. Investments in common collective trusts are stated at the fair value based on the underlying unit values reported using audited financial statements of the collective trust and changes in such amounts through the Plan's year end. The Plan's unitized stock fund as of March 31, 2010 is valued at a unit value determined by the amount of shares of common stock and cash held within the unitized stock fund.

Investments in the accompanying *Statements of Net Assets Available for Benefits* include an investment in a common collective trust, ABN AMRO Income Plus Fund, which includes fully benefit responsive investment contracts recognized at fair value. However, contract value is the relevant measurement attribute for that portion of net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Accordingly, the *Statement of Net Assets Available for Benefits* presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The *Statement of Changes in Net Assets Available for Benefits* is prepared on a contract value basis.

### Payment of Benefits

Benefits are recorded when paid.

**2. Summary of Significant Accounting Policies (Continued):**

Administrative Expenses

Administrative expenses reflected in the *Statement of Changes in Net Assets Available for Benefits* of \$11,550 represent distribution and redemption fees paid by participants. All other Plan expenses were paid by the Company for the year ended March 31, 2010.

Recent Accounting Pronouncements

In June 2009, the Financial Accounting Standards Board (“FASB”) issued guidance that establishes the *FASB Accounting Standards Codification* (the “Codification”) as the source of authoritative accounting principles recognized by the FASB to be applied by nongovernmental entities in the preparation of financial statements in conformity with U.S. GAAP. The Codification supersedes all existing accounting and reporting standards other than the rules of the Securities and Exchange Commission (“SEC”). Updates to the Codification are being issued as Accounting Standards Updates, which will also provide background information about the guidance, and provide the basis for conclusions on changes in the Codification. The Codification became effective for the Plan during the Plan year end March 31, 2010, and did not affect the accounting policies of the Plan or existing GAAP.

In September 2009, the FSAB issued new accounting guidance which updated fair value measurement of investments in certain entities that calculate net asset value per share (or its equivalent). This update applies to investments that do not have a readily determinable fair value and are held by an entity that is required to report investment assets at fair value. This update creates a practical expedient to measure the fair value of such investments on the basis of the net asset value per share (or its equivalent) and requires disclosures by major category of the investments about the attributes of investments, such as the nature of any restrictions of the investor's ability to redeem its investments at the measurement date, any unfunded commitments, and the investment strategies of the investees. The adoption of this update did not impact the Plan's financial statements. See Note 4, *Investment*, for additional disclosures on the Plan's investment in common collective trusts.

In January 2010, the FASB issued guidance which requires additional disclosures regarding fair value measurements, amends disclosures about post-retirement benefit plan assets and provides clarification regarding the level of disaggregation of fair value disclosures by investment class. This guidance is effective for interim and annual reporting periods beginning after December 15, 2009, except for certain Level 3 activity disclosure requirements that will be effective for reporting periods beginning after December 15, 2010. The Plan is currently evaluating the impact of adopting this guidance.

PSS WORLD MEDICAL, INC. SAVINGS PLAN  
Notes to Financial Statements

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**3. Fair Value Measurements:**

Assets and liabilities recorded at fair value are measured using a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

Level 1: Inputs using unadjusted quoted prices for identical assets or liabilities in an active market that the Company has the ability to access.

Level 2: Inputs other than quoted prices in markets that are observable for the asset or liability, either directly or indirectly.

Level 3: Inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

The following is a description of the valuation methods used for assets measured at fair value.

*Mutual funds:* The fair values of these securities are based on observable market quotations for identical assets and are priced on a daily basis at the close of business.

*Common collective trusts:* The fair value of the investments in the common/collective trusts is determined by the fund trustee based on the fair value of the underlying securities within the fund, which represent the net asset value of the shares held by the Plan at year end.

*PSS World Medical, Inc. unitized stock fund:* The fair values of these securities are based on observable market quotations for identical assets and are valued at the closing price reported on the active market on which the individual securities are traded plus uninvested cash portion.

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

As of March 31, 2010 and 2009, the fair value of the Plan's financial assets is measured using Level 1 or Level 2 inputs. The following table presents the Plan's assets by major category, at fair value on a recurring basis as of March 31, 2010 and 2009.

|                                             | March 31, 2010        |                      |                       |
|---------------------------------------------|-----------------------|----------------------|-----------------------|
|                                             | Level 1               | Level 2              | Total                 |
| Common collective trusts                    | \$ -                  | \$ 15,383,458        | \$ 15,383,458         |
| Mutual funds:                               |                       |                      |                       |
| U.S. large cap equity                       | 28,551,195            | -                    | 28,551,195            |
| U.S. mid cap equity                         | 16,352,444            | -                    | 16,352,444            |
| U.S. small cap equity                       | 12,159,709            | -                    | 12,159,709            |
| International equity                        | 20,279,952            | -                    | 20,279,952            |
| Bond funds                                  | 18,036,255            | -                    | 18,036,255            |
| PSS World Medical, Inc. unitized stock fund | 35,395,720            | -                    | 35,395,720            |
| Total                                       | <u>\$ 130,775,275</u> | <u>\$ 15,383,458</u> | <u>\$ 146,158,733</u> |

PSS WORLD MEDICAL, INC. SAVINGS PLAN  
Notes to Financial Statements

**3. Fair Value Measurements (Continued):**

|                                             | March 31, 2009       |                      |                      |
|---------------------------------------------|----------------------|----------------------|----------------------|
|                                             | Level 1              | Level 2              | Total                |
| Common collective trusts                    | \$ -                 | \$ 13,829,399        | \$ 13,829,399        |
| Mutual funds:                               |                      |                      |                      |
| U.S. large cap equity                       | 18,035,502           | -                    | 18,035,502           |
| U.S. mid cap equity                         | 10,229,100           | -                    | 10,229,100           |
| U.S. small cap equity                       | 6,655,210            | -                    | 6,655,210            |
| International equity                        | 12,221,751           | -                    | 12,221,751           |
| Bond funds                                  | 13,461,560           | -                    | 13,461,560           |
| PSS World Medical, Inc. unitized stock fund | 23,764,503           | -                    | 23,764,503           |
| Total                                       | <u>\$ 84,367,626</u> | <u>\$ 13,829,399</u> | <u>\$ 98,197,025</u> |

**4. Investments:**

All investment elections are participant-directed funds. The following presents investments that represent 5% or more of the Plan's net assets as of March 31, 2010 and 2009:

| Description of Asset                        | 2010<br>Units | 2010<br>Value        | 2009<br>Units | 2009<br>Value       |
|---------------------------------------------|---------------|----------------------|---------------|---------------------|
| PSS World Medical, Inc. unitized stock fund | 1,684,810     | \$35,395,720         | 1,833,637     | \$23,764,503        |
| ABN AMRO Income Plus Fund *                 | 2,266,423     | 15,383,458           | 2,226,097     | 13,829,399          |
| PIMCO Total Return Admin Fund               | 1,195,631     | 13,199,766           | 999,947       | 10,129,464          |
| American Funds Growth Fund of America       | 412,367       | 11,562,760           |               |                     |
| T. Rowe Price Growth Stock Fund             |               |                      | 399,101       | 7,594,885           |
| Janus Perkins Mid Cap Value Fund            | 503,305       | 10,524,114           | 537,586       | 7,590,720           |
| Principal Large Cap S&P 500 Index           | 12,212,378    | 10,026,368           | 1,132,072     | 6,384,886           |
| American EuroPacific Growth Fund            | 253,516       | 9,790,798            | 233,624       | 6,022,819           |
| Jennison Dryden Samll Company A Fund        | 443,647       | 7,732,768            |               |                     |
| William Blair Small Cap Growth Fund         |               |                      | 375,139       | 4,486,660           |
| All other assets less than 5%               |               | 32,542,981           |               | 18,393,689          |
| Total                                       |               | <u>\$146,158,733</u> |               | <u>\$98,197,025</u> |

\* The contract value for the ABN AMRO Income Plus Fund is \$15,469,017 and \$14,941,786 as of March 31, 2010 and 2009, respectively.

As of March 31, 2010 and 2009, the Plan invested in a common collective trust, ABN AMRO's Income Plus Fund. The Income Plus Fund invests primarily in guaranteed investment contracts ("GICs"), money market funds, money market instruments, repurchase agreements, private placements, bank investment contracts and synthetic GICs. Contract value, as reported to the Plan, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. The Plan has no unfunded commitments related to the Income Plus Fund and this fund is redeemable on a daily basis without restriction. The Plan's interest in the Income Plus Fund is calculated by applying the Plan's ownership percentage in the Income Plus Fund to the total fair value of the Income Plus Fund.

**4. Investments (Continued):**

The interest crediting rate at March 31, 2010 and 2009 was 2.22% and 3.86%, respectively. The interest crediting rate is calculated based upon many factors, including current economic and market conditions, the general interest rate environment, the amount and timing of participant contributions, transfers, and withdrawals and the duration of the fixed-income investments that underlie the wrap contracts.

The average market yield of the Income Plus Fund for the year ended March 31, 2010 was 2.64%.

During the year ended March 31, 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

|                                               | 2010                 |
|-----------------------------------------------|----------------------|
| Mutual funds                                  | \$ 27,358,344        |
| PSS World Medical, Inc. unitized stock fund   | 14,313,342           |
| Bond funds                                    | 779,944              |
| Common collective trusts                      | 222,725              |
| Net appreciation in fair value of investments | <u>\$ 42,674,355</u> |

**5. Tax Status:**

The Internal Revenue Service has determined and informed the Company by a letter dated July 21, 2003, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan continues to be designed and is currently being operated in compliance with the applicable requirements of the IRC and the Plan document. During Plan year March 31, 2010, the Plan was notified by the Internal Revenue Service ("IRS") that Plan year ended March 31, 2008 was under examination. There have been no further developments on, or findings from, the examination. On April 1, 2009, the Plan was amended and restated and filed a Form 5300, *Application for Determination for Employee Benefit Plan* on January 29, 2010, accordingly.

**6. Plan Termination:**

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

**7. Related Party Transactions:**

At March 31, 2010 and 2009, the Plan owned 1,480,768 and 1,647,884 shares of the Company's common stock, respectively, which represents approximately 2.6% and 2.7% of the outstanding common stock of the Company, respectively. These shares along with cash, represent 1,684,810 and \$1,833,637 units of the unitized stock fund as of March 31, 2010 and 2009, respectively.

PSS WORLD MEDICAL, INC. SAVINGS PLAN  
Notes to Financial Statements

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**7. Related Party Transactions (Continued):**

At March 31, 2010 and 2009, payables to participants to satisfy the Actual Deferral Percentage Test totaled \$319,390 and \$381,680 and payables to Principal Financial Group representing pending trades totaled \$12,769 and \$12,901, respectively. Principal Financial Group is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to the trustee for administrative services amounted to \$11,550 for the Plan year ended March 31, 2010.

**8. Risk and Uncertainties:**

The Plan invests in various investment securities including the Company's common stock (approximately 24% of net assets available for benefits at March 31, 2010), as described in Note 4, *Investments*. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the *Statements of Net Assets Available for Benefits*.

**9. Reconciliation of Financial Statements to Form 5500:**

The following is a reconciliation of net assets available for benefits per the financial statements at March 31, 2010 and 2009 to Form 5500:

|                                                                                                                       | 2010                  | 2009                 |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------|
| Net assets available for benefits per the financial statements                                                        | \$ 147,279,747        | \$ 98,914,831        |
| Benefits allocated to participants                                                                                    | 332,159               | 394,581              |
| Adjustment to fair value from contract value for investment relating to fully benefit-responsive investment contracts | (85,559)              | (1,112,387)          |
| Net assets available for benefits per Form 5500                                                                       | <u>\$ 147,526,347</u> | <u>\$ 98,197,025</u> |

The following is a reconciliation of the change in net assets available for benefits per the financial statements at March 31, 2010 to Form 5500:

|                                                                                                                                  | 2010                 |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Change in net assets available for benefits per the financial statements                                                         | \$ 48,364,916        |
| Benefits allocated to participants                                                                                               | 332,159              |
| Prior year benefits allocated to participants                                                                                    | (394,581)            |
| Adjustment to fair value from contract value for investment relating to fully benefit-responsive investment contracts            | (85,559)             |
| Prior year adjustment to fair value from contract value for investment relating to fully benefit-responsive investment contracts | 1,112,387            |
| Net income per Form 5500                                                                                                         | <u>\$ 49,329,322</u> |

**10. Subsequent Events:**

The Plan has evaluated all subsequent events through August 25, 2010 and determined that no significant events have occurred requiring adjustments to the financial statements or disclosures.

**PSS World Medical, Inc. Savings Plan**  
**EIN: 59-2280364 Plan No. 001**  
**Schedule H, Line 4i - Schedule of Assets**  
**(Held for Investment Purposes at End of Year)**  
**March 31, 2010**

| (a) | (b)                                                     | (c)                                                                      | (d)    | (e)              |
|-----|---------------------------------------------------------|--------------------------------------------------------------------------|--------|------------------|
|     | Identity of Issue, Borrower,<br>Lessor or Similar Party | Description of Investment                                                | Cost** | Current<br>Value |
| *   | PSS World Medical, Inc.                                 | PSS World Medical, Inc. common stock 1,684,810<br>underlying shares      |        | \$ 35,395,720    |
|     | ABN AMRO Investment Trust Company                       | ABN AMRO Income Plus Fund                                                |        | 13,154,057       |
|     | Janus Capital Group                                     | Janus Perkins Mid Cap Value Fund                                         |        | 9,290,208        |
|     | Capital Research and Management Company                 | American Funds Growth Fund of America R3 Fund                            |        | 9,226,031        |
|     | Pacific Investment Management Company                   | PIMCO Total Return Admin Fund                                            |        | 8,552,603        |
|     | Pacific Investment Management Company                   | PIMCO Real Return Admin Fund                                             |        | 2,081,063        |
|     | Prudential Funds                                        | Jennison Dryden Small Company A Fund                                     |        | 7,616,853        |
|     | Capital Research and Management Company                 | American Europacific Growth Fund                                         |        | 6,132,461        |
|     | Oppenheimer Funds                                       | Oppenheimer Global Fund                                                  |        | 5,495,119        |
| *   | Principal Financial Group                               | Principal LargeCap S&P 500 Index R5 Fund                                 |        | 5,412,755        |
|     | Van Kampen Investments                                  | Invesco Van Kampen Growth & Income Fund                                  |        | 4,612,707        |
|     | Royce & Associates                                      | Royce Pennsylvania Mutual Investors Fund                                 |        | 3,462,266        |
|     | Goldman Sachs Asset Management                          | Goldman Sachs Growth Opportunities Fund                                  |        | 3,158,008        |
|     | Harbor Capital Advisors                                 | Harbor International Investor Fund                                       |        | 1,301,598        |
| *   | Principal Financial Group                               | Principal MidCap S&P 400 Index R5 Fund                                   |        | 338,647          |
| *   | Principal Financial Group                               | Principal SmallCap S&P 600 Index R5 Fund                                 |        | 264,203          |
|     | American Century Investment Management                  | American Century Inflation Adjusted Bond Fund                            |        | 51,717           |
|     |                                                         |                                                                          |        |                  |
| *   | Principal Financial Group                               | PSS World Medical, Inc., Moderate<br>Portfolio, 1,875,037 units          |        |                  |
|     |                                                         | PIMCO Total Return Admin Fund                                            |        | 2,888,750        |
|     | *                                                       | Principal LargeCap S&P 500 Index R5 Fund                                 |        | 2,164,739        |
|     |                                                         | American Europacific Growth Fund                                         |        | 1,714,384        |
|     |                                                         | Harbor International Investor Fund                                       |        | 1,710,452        |
|     |                                                         | PIMCO Real Return Admin Fund                                             |        | 1,612,356        |
|     |                                                         | ABN AMRO Income Plus Fund                                                |        | 1,307,781        |
|     |                                                         | Invesco Van Kampen Growth & Income Fund                                  |        | 1,085,685        |
|     |                                                         | American Funds Growth Fund of America R3 Fund                            |        | 1,080,557        |
|     |                                                         | Goldman Sachs Growth Opportunities Fund                                  |        | 621,304          |
|     |                                                         | Janus Perkins Mid Cap Value Fund                                         |        | 611,458          |
|     | *                                                       | Principal MidCap S&P 400 Index R5 Fund                                   |        | 469,262          |
|     | *                                                       | Principal SmallCap S&P 600 Index R5 Fund                                 |        | 156,506          |
|     |                                                         | Royce Pennsylvania Mutual Investors Fund                                 |        | 155,422          |
|     |                                                         |                                                                          |        | 15,578,656       |
|     |                                                         |                                                                          |        |                  |
| *   | Principal Financial Group                               | PSS World Medical, Inc., Moderate<br>Aggressive Portfolio, 847,403 units |        |                  |
|     | *                                                       | Principal LargeCap S&P 500 Index R5 Fund                                 |        | 1,172,144        |
|     |                                                         | American Europacific Growth Fund                                         |        | 973,668          |
|     |                                                         | Harbor International Investor Fund                                       |        | 971,462          |
|     |                                                         | PIMCO Total Return Admin Fund                                            |        | 655,066          |
|     |                                                         | Invesco Van Kampen Growth & Income Fund                                  |        | 622,497          |
|     |                                                         | American Funds Growth Fund of America R3 Fund                            |        | 619,550          |
|     |                                                         | PIMCO Real Return Admin Fund                                             |        | 392,159          |

**PSS World Medical, Inc. Savings Plan**  
**EIN: 59-2280364 Plan No. 001**  
**Schedule H, Line 4i - Schedule of Assets**  
**(Held for Investment Purposes at End of Year)**  
**March 31, 2010**

| (a)                         | (b)                                                     | (c)                                                                                  | (d)    | (e)              |
|-----------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------|--------|------------------|
|                             | Identity of Issue, Borrower,<br>Lessor or Similar Party | Description of Investment                                                            | Cost** | Current<br>Value |
| * Principal Financial Group |                                                         | PSS World Medical, Inc., Moderate<br>Aggressive Portfolio, 847,403 units (Continued) |        |                  |
|                             |                                                         | * Principal MidCap S&P 400 Index R5 Fund                                             | \$     | 348,713          |
|                             |                                                         | ABN AMRO Income Plus Fund                                                            |        | 323,965          |
|                             |                                                         | Goldman Sachs Growth Opportunities Fund                                              |        | 277,037          |
|                             |                                                         | Janus Perkins Mid Cap Value Fund                                                     |        | 272,638          |
|                             |                                                         | * Principal SmallCap S&P 600 Index R5 Fund                                           |        | 139,576          |
|                             |                                                         | Jennison Dryden Small Company A Fund                                                 |        | 70,575           |
|                             |                                                         | Royce Pennsylvania Mutual Investors Fund                                             |        | 69,296           |
|                             |                                                         |                                                                                      |        | 6,908,346        |
| * Principal Financial Group |                                                         | PSS World Medical, Inc., Aggressive Portfolio,<br>558,262 units                      |        |                  |
|                             |                                                         | * Principal LargeCap S&P 500 Index R5 Fund                                           |        | 1,015,683        |
|                             |                                                         | Harbor International Investor Fund                                                   |        | 807,854          |
|                             |                                                         | American Europacific Growth Fund                                                     |        | 767,146          |
|                             |                                                         | Invesco Van Kampen Growth & Income Fund                                              |        | 498,824          |
|                             |                                                         | American Funds Growth Fund of America R3 Fund                                        |        | 494,944          |
|                             |                                                         | Goldman Sachs Growth Opportunities Fund                                              |        | 270,967          |
|                             |                                                         | Janus Perkins Mid Cap Value Fund                                                     |        | 268,408          |
|                             |                                                         | * Principal MidCap S&P 400 Index R5 Fund                                             |        | 224,299          |
|                             |                                                         | * Principal SmallCap S&P 600 Index R5 Fund                                           |        | 89,248           |
|                             |                                                         | Jennison Dryden Small Company A Fund                                                 |        | 45,340           |
|                             |                                                         | Royce Pennsylvania Mutual Investors Fund                                             |        | 44,480           |
|                             |                                                         |                                                                                      |        | 4,527,193        |
| * Principal Financial Group |                                                         | PSS World Medical, Inc., Moderate<br>Conservative Portfolio, 283,945 units           |        |                  |
|                             |                                                         | PIMCO Total Return Admin Fund                                                        |        | 599,160          |
|                             |                                                         | PIMCO Real Return Admin Fund                                                         |        | 367,020          |
|                             |                                                         | ABN AMRO Income Plus Fund                                                            |        | 321,043          |
|                             |                                                         | * Principal LargeCap S&P 500 Index R5 Fund                                           |        | 204,976          |
|                             |                                                         | American Europacific Growth Fund                                                     |        | 160,702          |
|                             |                                                         | Harbor International Investor Fund                                                   |        | 160,332          |
|                             |                                                         | Invesco Van Kampen Growth & Income Fund                                              |        | 114,227          |
|                             |                                                         | American Funds Growth Fund of America R3 Fund                                        |        | 113,686          |
|                             |                                                         | Janus Perkins Mid Cap Value Fund                                                     |        | 67,546           |
|                             |                                                         | * Principal MidCap S&P 400 Index R5 Fund                                             |        | 46,079           |
|                             |                                                         | Goldman Sachs Growth Opportunities Fund                                              |        | 45,757           |
|                             |                                                         | * Principal SmallCap S&P 600 Index R5 Fund                                           |        | 23,052           |
|                             |                                                         | Royce Pennsylvania Mutual Investors Fund                                             |        | 22,892           |
|                             |                                                         |                                                                                      |        | 2,246,472        |

**PSS World Medical, Inc. Savings Plan**  
**EIN: 59-2280364 Plan No. 001**  
**Schedule H, Line 4i - Schedule of Assets**  
**(Held for Investment Purposes at End of Year)**  
**March 31, 2010**

| (a) | (b)                                                     | (c)                                                               | (d)       | (e)                |
|-----|---------------------------------------------------------|-------------------------------------------------------------------|-----------|--------------------|
|     | Identity of Issue, Borrower,<br>Lessor or Similar Party | Description of Investment                                         | Cost**    | Current<br>Value   |
|     | * Principal Financial Group                             | PSS World Medical, Inc., Conservative<br>Portfolio, 181,841 units |           |                    |
|     |                                                         | PIMCO Total Return Admin Fund                                     | \$        | 504,187            |
|     |                                                         | PIMCO Real Return Admin Fund                                      |           | 332,174            |
|     |                                                         | ABN AMRO Income Plus Fund                                         |           | 276,612            |
|     | *                                                       | Principal LargeCap S&P 500 Index R5 Fund                          |           | 56,071             |
|     |                                                         | American Europacific Growth Fund                                  |           | 42,437             |
|     |                                                         | Harbor International Investor Fund                                |           | 42,337             |
|     |                                                         | Invesco Van Kampen Growth & Income Fund                           |           | 28,127             |
|     |                                                         | American Funds Growth Fund of America R3 Fund                     |           | 27,992             |
|     | *                                                       | Principal MidCap S&P 400 Index R5 Fund                            |           | 14,177             |
|     |                                                         | Goldman Sachs Growth Opportunities Fund                           |           | 14,080             |
|     |                                                         | Janus Perkins Mid Cap Value Fund                                  |           | 13,856             |
|     |                                                         |                                                                   |           | <u>1,352,050</u>   |
|     |                                                         |                                                                   | <u>\$</u> | <u>146,158,733</u> |

\* Party-in-interest

\*\* Not applicable as the plan has no non-participant directed accounts

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

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

PSS WORLD MEDICAL, INC. SAVINGS PLAN

EIN 59 2280364  
 PLAN NUMBER 001  
 PLAN YEAR 04/01/2009 TO 03/31/2010

| (A) | (B)<br>Identity of issuer, borrower,<br>lessor or similar party. | (C)<br>Description of investment including maturity date,<br>rate of interest, collateral, par or maturity value. | (D)<br>Cost | (E)<br>Current Value |
|-----|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | The American Funds                                               | Registered Investment Company<br>Am Fnd Europacific Gth A Fund                                                    | \$ 0.00     | \$ 9,790,798.00      |
|     | ABN AMRO Investment Trust Co                                     | Common/Collective Trust<br>ABN AMRO Income Plus D Fund                                                            | \$ 0.00     | \$ 15,383,458.00     |
|     | American Century Investments                                     | Registered Investment Company<br>AM CENT INFLA ADJ BOND A FD                                                      | \$ 0.00     | \$ 51,716.87         |
|     | The American Funds                                               | Registered Investment Company<br>AM FDS GRTH FD OF AM R3 FUND                                                     | \$ 0.00     | \$ 11,562,760.00     |
|     | Goldman Sachs                                                    | Registered Investment Company<br>Goldman Sachs Gr Opp A Fund                                                      | \$ 0.00     | \$ 4,387,153.00      |
|     | Harbor                                                           | Registered Investment Company<br>HARBOR INTERNATIONAL INV FUND                                                    | \$ 0.00     | \$ 4,994,035.00      |
|     | PSS Stock Cash Account                                           | Interest Bearing Cash<br>Interest Bearing Cash                                                                    | \$ 0.00     | \$ 582,864.00        |
|     | Oppenheimer                                                      | Registered Investment Company<br>Oppenheimer Global N Fund                                                        | \$ 0.00     | \$ 5,495,119.36      |
|     | Janus International Holding, LLC                                 | Registered Investment Company<br>Perkins Mid Cap Value T Fund                                                     | \$ 0.00     | \$ 10,524,114.00     |
| *   | Princor Financial Services                                       | Registered Investment Company<br>Prin LgCap S&P 500 Idx R5 Fund                                                   | \$ 0.00     | \$ 10,026,368.00     |
|     | PIMCO Funds                                                      | Registered Investment Company<br>PIMCO Real Return Admin Fund                                                     | \$ 0.00     | \$ 4,784,772.00      |
|     | PIMCO Funds                                                      | Registered Investment Company<br>PIMCO Total Return Adm Fund                                                      | \$ 0.00     | \$ 13,199,766.00     |
| *   | Princor Financial Services                                       | Registered Investment Company<br>PRIN MIDCAP S&P 400 IDX R5 FD                                                    | \$ 0.00     | \$ 1,441,177.00      |
| *   | Princor Financial Services                                       | Registered Investment Company<br>PRIN SMCAP S&P 600 IDX R5 FUND                                                   | \$ 0.00     | \$ 672,585.00        |
|     | Jennison Dryden                                                  | Registered Investment Company<br>PRUDENTIAL JENN SM CO A FUND                                                     | \$ 0.00     | \$ 7,732,768.00      |

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

EIN 59 2280364  
PLAN NUMBER 001  
PLAN YEAR 04/01/2009 TO 03/31/2010

[illegible]