

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>04/01/2010</u> and ending <u>03/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>PSS WORLD MEDICAL, INC. SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/1988</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/01/1988</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>10/01/1988</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>PSS WORLD MEDICAL, INC.</u> <u>4345 SOUTHPOINT BLVD</u> <u>JACKSONVILLE, FL 32216-6166</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>59-2280364</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>904-332-3436</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>424990</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>59-2280364</u>	2c Sponsor's telephone number <u>904-332-3436</u>	2d Business code (see instructions) <u>424990</u>	
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2c Sponsor's telephone number <u>904-332-3436</u>					
2d Business code (see instructions) <u>424990</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/22/2011	MARK ROTONDARO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/22/2011	MARK ROTONDARO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") PSS WORLD MEDICAL, INC. 4345 SOUTHPOINT BLVD JACKSONVILLE, FL 32216-6166	3b Administrator's EIN 59-2280364 3c Administrator's telephone number 904-332-3436
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	3923
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	3792
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	418
d Subtotal. Add lines 6a , 6b , and 6c	6d	4210
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	4211
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	3554
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	431

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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:

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.		OMB No. 1210-0110
			2010
			This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning **04/01/2010** and ending **03/31/2011**

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
MARK ROTONDARO
59-2280364

(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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50 64	CONTRACT ADMINISTRATOR	18060	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 04/01/2010 and ending 03/31/2011		
A Name of plan PSS WORLD MEDICAL, INC. SAVINGS PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 PSS WORLD MEDICAL, INC.	D Employer Identification Number (EIN) 59-2280364	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	636901	0
(2) Participant contributions	1b(2)	730713	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	582864	790956
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	15383458	16535093
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	95379555	117711127
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	34812856	33433216
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	147526347	168470392

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	147526347	168470392
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1797488	
(B) Participants	2a(1)(B)	10599964	
(C) Others (including rollovers)	2a(1)(C)	320903	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		12718355

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	113	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		113
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	785257	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		785257
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	8212117	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4760807	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3451310

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	1328384	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1328384
(6) Net investment gain (loss) from common/collective trusts	2b(6)		290245
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		14096905
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		32670569

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11387918	
(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)		11387918
f Corrective distributions (see instructions)	2f		319390
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	19215	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	1	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		19216
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11726524

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		20944045
l 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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	X		30
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
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	0
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	0
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 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)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 04/01/2010 and ending 03/31/2011

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

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-0127290</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

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

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

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

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

Schedule R (Form 5500) 2010
v.092308.1

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:

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% 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, 2011 and 2010 and
Year Ended March 31, 2011 and
Supplemental Schedules as of March 31, 2011

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, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended March 31, 2011. 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, 2011 and 2010, and the changes in net assets available for benefits for the year ended March 31, 2011, 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 schedules: Schedule H, Line 4i-Schedule of Assets (Held at End of Year) as of March 31, 2011 and Schedule H, Line 4a-Schedule of Delinquent Participant Contributions, are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are 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 schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

The Griggs Group, CPAs

September 6, 2011
Ponte Vedra Beach, Florida

PSS WORLD MEDICAL, INC. SAVINGS PLAN
Statements of Net Assets Available for Benefits
March 31, 2011 and 2010

	March 31,	
	2011	2010
Assets:		
Investments, at fair value	<u>\$ 168,470,392</u>	<u>\$ 146,158,733</u>
Receivables:		
Employee contribution	-	730,713
Employer contribution	<u>-</u>	<u>636,901</u>
Total receivables	<u>-</u>	<u>1,367,614</u>
Total assets	<u>168,470,392</u>	<u>147,526,347</u>
Liabilities:		
Benefits Payable	<u>267,125</u>	<u>332,159</u>
Net assets available for benefits at fair value	<u>168,203,267</u>	<u>147,194,188</u>
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>3,710</u>	<u>85,559</u>
Net Assets available for benefits	<u><u>\$ 168,206,977</u></u>	<u><u>\$ 147,279,747</u></u>

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
Year Ended March 31, 2011

	2011
Additions to net assets available for benefits:	
Investment income:	
Net appreciation in fair value of investments	\$ 18,531,471
Dividends and interest income	1,338,893
Net investment gain	<u>19,870,364</u>
Contributions:	
Participant	10,333,559
Employer	1,796,711
Rollovers from qualified plans	320,962
Total contributions	<u>12,451,232</u>
Net additions	<u>32,321,596</u>
Deductions from net assets available for benefits:	
Benefits paid to participants	(11,375,150)
Administrative expenses	(19,216)
Total deductions	<u>(11,394,366)</u>
Net increase	<u>20,927,230</u>
Net assets available for benefits:	
Beginning of year	147,279,747
End of year	<u><u>\$ 168,206,977</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, whereby 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 Principal Financial Group ("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 incentive compensation. 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, 2011, the Company made no Supplemental ESOP Matching Contributions.

ESOP Matching Contributions

For the Plan year ended March 31, 2011, 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. The Non-ESOP Matching Contributions for the Plan year ended March 31, 2011 were \$1,914,211, of which \$1,796,717 was funded by the Company and \$117,500 was funded by the reallocation of forfeited contributions.

ESOP Employer Contributions

There were no ESOP employer contributions for the Plan year ended March 31, 2011.

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 ended March 31, 2010. Employer discretionary contributions 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. There were no employer discretionary contributions for the Plan year ended March 31, 2011.

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, 2011.

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 matching 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, 2011, forfeitures of nonvested accounts totaled \$116,425. Forfeitures used to reduce Company matching contributions were \$117,500 for the Plan year ended March 31, 2011. As of March 31, 2011 and March 31, 2010, forfeited, nonvested accounts of \$204 and \$4,279, respectively, were reflected in the accompanying *Statements of Net Assets Available for Benefits*.

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.

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 accounting principles generally accepted in the United States of America ("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. The Plan's unitized stock fund as of March 31, 2011 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, the ABN AMRO Income Plus Fund, which includes fully benefit-responsive investment contracts. Investments in common collective trusts are stated at the fair value based on the underlying unit values reported using the financial statements of the collective trust and changes in such amounts through the Plan's year end. 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.

Administrative Expenses

Administrative expenses reflected in the *Statement of Changes in Net Assets Available for Benefits* of \$19,216 represent distribution and redemption fees paid by participants. All other Plan expenses were paid by the Company for the year ended March 31, 2011.

2. Summary of Significant Accounting Policies (Continued):

Recent Accounting Pronouncements

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 was 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 new disclosures and clarifications of existing disclosures were adopted by the Plan on April 1, 2010 and did not have a material impact on the financial statements.

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 trust: The fair value of the common collective trust 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.

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

3. Fair Value Measurements (Continued):

As of March 31, 2011 and 2010, 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, 2011 and 2010.

	March 31, 2011		
	Level 1	Level 2	Total
Common collective trusts	\$ -	\$ 16,535,093	\$ 16,535,093
Mutual funds:			
U.S. large cap equity	34,931,936	-	34,931,936
U.S. mid cap equity	19,328,840	-	19,328,840
U.S. small cap equity	17,878,614	-	17,878,614
International equity	23,554,491	-	23,554,491
Bond funds	22,017,246	-	22,017,246
PSS World Medical, Inc. unitized stock fund	34,224,172	-	34,224,172
Total	<u>\$ 151,935,299</u>	<u>\$ 16,535,093</u>	<u>\$ 168,470,392</u>

	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>

During the Plan years ended March 31, 2011 and 2010, there were no transfers in or out of Levels 1 and 2.

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

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, 2011 and 2010:

Description of Asset	2011 Units	2011 Value	2010 Units	2010 Value
PSS World Medical, Inc. unitized stock fund	1,414,905	\$ 34,224,172	1,684,810	\$35,395,720
ABN AMRO Income Plus Fund *	2,383,731	16,535,093	2,266,423	15,383,458
PIMCO Total Return Admin Fund	1,410,647	15,347,835	1,195,631	13,199,766
American Funds Growth Fund of America	427,458	13,486,303	412,367	11,562,760
Principal Large Cap S&P 500 Index	1,358,529	12,783,759	1,212,378	10,026,368
Janus Perkins Mid Cap Value Fund	512,553	12,270,512	503,305	10,524,114
American EuroPacific Growth Fund	245,141	10,494,502	253,516	9,790,798
Jennison Dryden Samll Company A Fund	468,114	10,378,084	443,647	7,732,768
Invesco Van Kampen Growth & Income	428,590	8,661,805		
All other assets less than 5%		34,288,327		32,542,981
Total		<u>\$168,470,392</u>		<u>\$146,158,733</u>

* The contract value for the ABN AMRO Income Plus Fund is \$16,538,803 and \$15,469,017 as of March 31, 2011 and 2010, respectively.

As of March 31, 2011 and 2010, 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.

The interest crediting rate at March 31, 2011 and 2010 was 1.91% and 2.22%, 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, 2011 was 2.33%.

During the year ended March 31, 2011, 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:

	2011
Mutual funds	\$ 13,533,617
PSS World Medical, Inc. unitized stock fund	4,779,806
Common collective trusts	208,398
Bond funds	9,650
Net appreciation in fair value of investments	<u>\$ 18,531,471</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, 2011 and 2010, the Plan owned 1,231,426 and 1,480,768 shares of the Company's common stock, respectively, which represents approximately 2.2% and 2.6% of the outstanding common stock of the Company, respectively. These shares along with cash, represent 1,414,859 and 1,684,810 units of the unitized stock fund as of March 31, 2011 and 2010, respectively.

At March 31, 2011 and 2010, payables to participants to satisfy the Actual Deferral Percentage Test totaled \$259,552 and \$319,390 and payables to Principal Financial Group representing pending trades totaled \$7,573 and \$12,769, 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 \$19,216 for the Plan year ended March 31, 2011.

8. Risk and Uncertainties:

The Plan invests in various investment securities including the Company's common stock (approximately 20% of net assets available for benefits at March 31, 2011), 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*.

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

9. Reconciliation of Financial Statements to Form 5500:

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 at March 31, 2011 and 2010:

	2011	2010
Net assets available for benefits per the financial statements	\$ 168,206,977	\$ 147,279,747
Benefits allocated to participants	267,125	332,159
Adjustment to fair value from contract value for investment relating to fully benefit-responsive investment contracts	(3,710)	(85,559)
Net assets available for benefits per Form 5500	<u>\$ 168,470,392</u>	<u>\$ 147,526,347</u>

The following is a reconciliation of the change in net assets available for benefits per the financial statements to the Form 5500 for the year ended March 31, 2011:

	2011
Change in net assets available for benefits per the financial statements	\$ 20,927,230
Benefits allocated to participants	267,125
Prior year benefits allocated to participants	(332,159)
Adjustment to fair value from contract value for investment relating to fully benefit-responsive investment contracts	(3,710)
Prior year adjustment to fair value from contract value for investment relating to fully benefit-responsive investment contracts	85,559
Net income per Form 5500	<u>\$ 20,944,045</u>

10. Subsequent Events:

The Plan has evaluated all subsequent events through September 6, 2011 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, 2011

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Cost**	Current Value
*	PSS World Medical, Inc.	PSS World Medical, Inc. common stock 1,414,859 underlying shares		\$ 34,224,172
	ABN AMRO Investment Trust Company	ABN AMRO Income Plus Fund (1)		13,861,459
	Capital Research and Management Company	American Funds Growth Fund of America R3 Fund		11,016,580
	Janus Capital Group	Janus Perkins Mid Cap Value Fund		10,839,779
	Pacific Investment Management Company	PIMCO Total Return Admin Fund		10,178,237
	Prudential Investments	Prudential Jennison Small Company A Fund		9,871,734
*	Principal Financial Group	Principal LargeCap S&P 500 Index R5 Fund		7,109,623
	Capital Research and Management Company	American Funds EuroPacific Growth A Fund		6,975,965
	Oppenheimer Funds	Oppenheimer Global N Fund		6,444,554
	Van Kampen Investments	Invesco Van Kampen Growth & Income A Fund		5,454,764
	Royce & Associates	Royce Pennsylvania Mutual Fund Investment Class		4,575,837
	Goldman Sachs Asset Management	Goldman Sachs Growth Opportunities A Fund		3,872,035
	Pacific Investment Management Company	PIMCO Real Return Admin Fund		3,278,786
	Harbor Capital Advisors	Harbor International Investor Fund		1,869,541
*	Principal Financial Group	Principal SmallCap S&P 600 Index R5 Fund		1,290,851
*	Principal Financial Group	Principal MidCap S&P 400 Index R5 Fund		1,020,378
	American Century Investment Management	American Century Inflation Adjusted Bond Fund		455,249
*	Principal Financial Group	PSS World Medical, Inc., Moderate Portfolio, 1,872,666 units		
		PIMCO Total Return Admin Fund		2,847,583
*		Principal LargeCap S&P 500 Index R5 Fund		2,513,172
		Harbor International Investor Fund		2,130,782
		PIMCO Real Return Admin Fund		1,753,306
		American Funds EuroPacific Growth A Fund		1,595,970
		ABN AMRO Income Plus Fund (1)		1,563,894
		Invesco Van Kampen Growth & Income A Fund		1,426,269
		American Funds Growth Fund of America R3 Fund		1,075,825
		Janus Perkins Mid Cap Value Fund		725,729
*		Principal MidCap S&P 400 Index R5 Fund		557,407
		Royce Pennsylvania Mutual Fund Investment Class		372,353
*		Principal SmallCap S&P 600 Index R5 Fund		367,596
		Goldman Sachs Growth Opportunities A Fund		361,303
		Prudential Jennison Small Company A Fund		184,930
				<hr/>
				17,476,119
*	Principal Financial Group	PSS World Medical, Inc., Moderate Aggressive Portfolio, 885,335 units		
*		Principal LargeCap S&P 500 Index R5 Fund		1,495,486
		Harbor International Investor Fund		1,232,926
		American Funds EuroPacific Growth A Fund		902,935
		Invesco Van Kampen Growth & Income A Fund		825,137
		PIMCO Total Return Admin Fund		761,786
		American Funds Growth Fund of America R3 Fund		663,911
		PIMCO Real Return Admin Fund		405,732

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, 2011

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Cost**	Current Value
* Principal Financial Group		PSS World Medical, Inc., Moderate Aggressive Portfolio, 885,335 units (Continued)		
		ABN AMRO Income Plus Fund (1)		402,160
	*	Principal MidCap S&P 400 Index R5 Fund		343,961
		Janus Perkins Mid Cap Value Fund		335,892
		Royce Pennsylvania Mutual Fund Investment Class		258,498
		Goldman Sachs Growth Opportunities A Fund		250,856
		Prudential Jennison Small Company A Fund		171,154
	*	Principal SmallCap S&P 600 Index R5 Fund		170,128
				8,220,562
* Principal Financial Group		PSS World Medical, Inc., Aggressive Portfolio, 622,170 units		
	*	Principal LargeCap S&P 500 Index R5 Fund		1,327,444
		Harbor International Investor Fund		1,092,988
		American Funds EuroPacific Growth A Fund		806,410
		Invesco Van Kampen Growth & Income A Fund		741,599
		American Funds Growth Fund of America R3 Fund		576,556
	*	Principal MidCap S&P 400 Index R5 Fund		293,586
		Janus Perkins Mid Cap Value Fund		291,602
		Goldman Sachs Growth Opportunities A Fund		233,266
	*	Principal SmallCap S&P 600 Index R5 Fund		177,218
		Royce Pennsylvania Mutual Fund Investment Class		176,612
		Prudential Jennison Small Company A Fund		118,275
				5,835,556
* Principal Financial Group		PSS World Medical, Inc., Moderate Conservative Portfolio, 357,039 units		
		PIMCO Total Return Admin Fund		933,228
		PIMCO Real Return Admin Fund		455,294
		ABN AMRO Income Plus Fund (1)		421,246
	*	Principal LargeCap S&P 500 Index R5 Fund		279,655
		Harbor International Investor Fund		245,975
		Invesco Van Kampen Growth & Income A Fund		185,128
		American Funds EuroPacific Growth A Fund		184,241
		American Funds Growth Fund of America R3 Fund		124,156
		Royce Pennsylvania Mutual Fund Investment Class		64,440
	*	Principal MidCap S&P 400 Index R5 Fund		64,305
		Janus Perkins Mid Cap Value Fund		62,811
		Prudential Jennison Small Company A Fund		31,991
	*	Principal SmallCap S&P 600 Index R5 Fund		31,797
		Goldman Sachs Growth Opportunities A Fund		31,280
				3,115,547

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, 2011

Lessor or Similar Party	Description of Investment	Cost**	Value
* Principal Financial Group	PSS World Medical, Inc., Conservative Portfolio, 185,190 units		
	PIMCO Total Return Admin Fund		627,000
	PIMCO Real Return Admin Fund		321,114
	ABN AMRO Income Plus Fund (1)		286,334
	* Principal LargeCap S&P 500 Index R5 Fund		58,379
	Harbor International Investor Fund		43,223
	American Funds Growth Fund of America R3 Fund		29,274
	American Funds EuroPacific Growth A Fund		28,981
	Invesco Van Kampen Growth & Income A Fund		28,909
	Royce Pennsylvania Mutual Fund Investment Class		15,200
	* Principal MidCap S&P 400 Index R5 Fund		15,108
	Goldman Sachs Growth Opportunities A Fund		14,842
	Janus Perkins Mid Cap Value Fund		14,700
			<u>1,483,064</u>
			<u>\$ 168,470,392</u>

* Party-in-interest

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

(1) Current value represents the fair value of the investment. The contract value for all investments in the ABN AMRO Income Plus Fund is \$16,538,803 as of March 31, 2011.

PSS World Medical, Inc. Savings Plan

EIN: 59-2280364 Plan No. 001

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

March 31, 2011

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ☐	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
\$30			\$30	

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 04/01/2010 TO 03/31/2011

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	The American Funds	Registered Investment Company Am Fds Grth Fd of Am R3 Fund	\$0.00	\$13,486,302.31
	The American Funds	Registered Investment Company Am Fnd Europacific Gth A Fund	\$0.00	\$10,494,501.56
	ABN AMRO Investment Trust Co	Common/Collective Trust ABN AMRO Income Plus D Fund	\$0.00	\$16,535,093.00
	American Century Investments	Registered Investment Company Am Cent Infla Adj Bond A Fd	\$0.00	\$455,248.71
	Goldman Sachs	Registered Investment Company Goldman Sachs Gr Opp A Fund	\$0.00	\$4,763,582.28
	Harbor	Registered Investment Company Harbor International Inv Fund	\$0.00	\$6,615,435.29
	Van Kampen Investor Services	Registered Investment Company Invesco Van Kam Gro & Inc A Fd	\$0.00	\$8,661,805.50
	PSS Stock Cash Account	Registered Investment Company Interest Bearing Cash	\$0.00	\$790,956.00
	Oppenheimer	Registered Investment Company Oppeneheimer Global N Fund	\$0.00	\$6,444,554.07
	Janus International Holding, LLC	Registered Investment Company Perkins Mid Cap Value T Fund	\$0.00	\$12,270,512.51
*	Princor Financial Services	Registered Investment Company Prin LgCap S&P 500 Idx R5 Fund	\$0.00	\$12,783,826.80
*	Princor Financial Services	Registered Investment Company prin Midcap S&P 400 Idx R5 Fd	\$0.00	\$2,294,745.22
*	Princor Financial Services	Registered Investment Company Prin SmCap S&P 600 Idx R5 Fund	\$0.00	\$2,037,590.42

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 04/01/2010 TO 03/31/2011

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Jennison Dryden	Registered Investment Company Prudential Jenn Sm Co A Fund	\$0.00	\$10,378,084.14
	Pimco Funds	Registered Investment Company Pimco Real Return Admin Fund	\$0.00	\$6,214,232.36
	Pimco Funds	Common/Collective Trust Pimco Total Return Adm Fund	\$0.00	\$15,347,765.31
	PSS World Medical Inc	Registered Investment Company PSS World Medical Stock Fund	\$0.00	\$33,433,216.00
	The Royce Funds	Registered Investment Company Royce Penn Mutual Inv Fund	\$0.00	\$5,462,940.26

SCHEDULE H, Line 4I-SCHEDULE OF ASSETS (HELD AT END OF YEAR)