



**TAXPAYER:** Apollo Senior Floating Rate Fund Inc.

**INSTRUCTIONS FOR FILING  
FORM 8937**

**REPORT OF ORGANIZATIONAL ACTIONS AFFECTING BASIS OF SECURITIES**

**FOR THE PERIOD ENDED**

July 22, 2024

<b>To be signed and dated by</b>	( <input checked="" type="checkbox"/> ) An Officer
	( <input type="checkbox"/> ) No Signature Required
<b>Amount of tax</b>	Total tax \$ <u>NONE</u>
	Less: Payments and credits \$ <u>&lt; NONE &gt;</u>
	Balance due (overpayment) \$ <u><u>NONE</u></u>
<b>Overpayment, if any</b>	( <input type="checkbox"/> ) \$ refunded to you
	( <input type="checkbox"/> ) \$ credited to estimated tax
	( <input type="checkbox"/> ) \$ refunded and \$ credited to estimated tax
<b>Draw check to</b>	<b>"N/A"</b>
	NOTE: Your employer identification number should be entered on your remittance
<b>Mail the original signed tax return to:</b>	Post to the issuer's website for a period of no less than 10 years.
	Note: Remove this instruction sheet from the return before mailing the return to the IRS.
<b>Return must be posted on or before</b>	As soon as possible
	Certified mail recommended, with return receipt. For metered mail, the meter date is not evidence of timely filing.
<b>Special Instructions</b>	



**Part II Organizational Action** (continued)

**17** List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ IRC 301, 302 and 316.

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**18** Can any resulting loss be recognized? ▶ No loss can be recognized by the shareholders of record for each distribution noted above in the attachment for the non-taxable return of capital received.

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**19** Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ See attachment for the per share amounts and dates of distributions impacted by this organizational action. This organizational action is reportable with respect to calendar year 2024.

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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
Signature ▶ *Kenneth Seifert* Date ▶ 11/07/2024  
Print your name ▶ Kenneth Seifert Title ▶ CFO

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Baruch J. Cohen</b>	Preparer's signature <u><i>Baruch J. Cohen</i></u>	Date <b>9/10/2024</b>	Check <input checked="" type="checkbox"/> if self-employed	PTIN <b>P01269048</b>
	Firm's name ▶ <b>Deloitte Tax LLP</b>			Firm's EIN ▶ <b>86-1065772</b>	
	Firm's address ▶ <b>30 Rockefeller Plaza, New York, NY 10112-0015</b>			Phone no. <b>212-492-4000</b>	

Apollo Senior Floating Rate Fund Inc.  
27-3581739

<b>Record Date</b>	<b>Ex Date</b>	<b>Payable Date</b>	<b>Total Distribution</b>	<b>Return of Capital</b>
1/24/2024	1/23/2024	1/31/2024	0.1370	0.0000
2/22/2024	2/21/2024	2/29/2024	0.1370	0.0076
3/21/2024	3/20/2024	3/28/2024	0.1370	0.0080
4/23/2024	4/22/2024	4/30/2024	0.1400	0.0081
5/23/2024	5/22/2024	5/31/2024	0.1400	0.0081
6/21/2024	6/21/2024	6/28/2024	0.1400	0.0081
7/11/2024	7/11/2024	7/18/2024	0.2463	0.0143