

Part II Organizational Action (continued)

17 List the applicable Internal Revenue Code section(s) and subsection(s) upon which the tax treatment is based ▶ SECTION 301(C)(2)

Blank lines for listing applicable Internal Revenue Code sections.

18 Can any resulting loss be recognized? ▶ NO

Blank lines for providing information regarding loss recognition.

19 Provide any other information necessary to implement the adjustment, such as the reportable tax year ▶ 2017

Blank lines for providing other necessary information.

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 ▶  Date ▶ 3/11/2025
Print your name ▶ Matthew Barnes-Smith Title ▶ Chief Financial Officer

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

ARMADA HOFFLER PROPERTIES, INC.

STATEMENT 1

FORM 8937, PART II, LINE 15

THE DISTRIBUTIONS MADE ON THE FOLLOWING DATES REDUCE THE BASIS IN THE SECURITY IN THE HANDS OF THE SHAREHOLDER AS FOLLOWS:

COMMON STOCK

RECORD DATE	PAYMENT DATE	PER SHARE DISTRIBUTION	BASIS REDUCTION PERCENTAGE	PER SHARE REDUCTION IN BASIS
12/27/2017	1/4/2018	\$ 0.1900	19.35%	\$ 0.0368
9/27/2017	10/5/2017	\$ 0.1900	19.35%	\$ 0.0368
6/28/2017	7/6/2017	\$ 0.1900	19.35%	\$ 0.0368
3/29/2017	4/6/2017	\$ 0.1900	19.35%	\$ 0.0368