See separate instructions.

Part Reporting Issuer

1	Issuer's name				2 Issuer's employer identification number (EIN)
GA	MING AND LEISURE PI	ROPERTIES INC.	46-2116489		
	A Mino And Electron Protection 4 Telephone No. of contact				5 Email address of contact
	SIREE BURKE			610-401-2903	DBURKE@GLPROPINC.COM
6	Number and street (or H	P.O. box if mail is not	delivered to s	treet address) of contact	7 City, town, or post office, state, and ZIP code of contact
815	5 BERKSHIRE BLVD.		WYOMISSING, PA 19610		
				Classification and description	
3/2	0/2020, 6/26/2020, 9/25/	2020, 12/24/2020	COMMO	N STOCK	
10	CUSIP number	11 Serial number	(s)	12 Ticker symbol	13 Account number(s)
_	36467J108			GLPI	
Pa	-				See back of form for additional questions.
14	•		••		ate against which shareholders' ownership is measured for
	the action < GAMIN	IG AND LEISURE PE	ROPERTIES II	NC. ("GLPI") MADE DISTR	RIBUTIONS TO ITS COMMON SHAREHOLDERS ON
MA	RCH 20, 2020, JUNE 26	6, 2020, SEPTEMBE	R 25, 2020, Al	ND DECEMBER 24, 2020.	A PORTION OF THE DISTRIBUTIONS REPRESENT A
NO	NTAXABLE RETUN OF	CAPITAL.			
15	Describe the quantita	tive effect of the ora	anizational act	ion on the basis of the secu	urity in the hands of a U.S. taxpayer as an adjustment per
		-			BE REDUCED BY \$0.12837 PER SHARE OF COMMON
STO					UNE 26, 2020; BY \$0.011003 PER SHARE OF COMMON
					OCK ON DECEMBER 24, 2020.
510	UCK UN SEPTEINDER 2	23, 2020, AND DT \$	J.011003 PER	SHARE OF COMMUNICIN ST	OCK ON DECEMBER 24, 2020.
16	Describe the calculati	ion of the change in I	pasis and the o	data that supports the calcu	ulation, such as the market values of securities and the
	valuation dates THI	E NON-DIVIDEND D	ISTRIBUTION	S REPRESENT DISTRIBU	TIONS ASSOCIATED WITH THE 2020 TAX YEAR WHICH

ARE IN EXCESS OF THE CURRENT YEAR AND ACCUMULATED EARNINGS & PROFITS.

Form 89						Page 2
Part		Organizational Action (continued)				
			/、 /、			
17 L	ist the	applicable Internal Revenue Code section	(s) and subsection(s) upon which the tax	treatment is based	• <u>I.R.C. SEC</u>	CTION 301(c)(2)
18 C	an an	resulting loss be recognized? N/A				
10 0	an any					
19 P	rovide	any other information necessary to impler	nent the adjustment, such as the reportal	ole tax year ► <u>N/A</u>		
	Unde	r penalties of perjury, I declare that I have exar	nined this return, including accompanying sche	edules and statements,	and to the best	t of my knowledge and
	belief	, it is true, correct, and complete. Declaration of	preparer (other than officer) is based on all info	ormation of which prepa	irer has any know	wledge.
Sign Here						
пеге	Signa	ture ►		Date ►		
	During					
Dela	Print	your name ► DESIREE BURKE Print/Type preparer's name	Preparer's signature	Title► SVP, TRE Date		PTIN
Paid Prepa	aror	JOSEPH ARCHER	Joseph Archer	1/20/2021	Check if self-employed	P01778634
Use (Firm's name ► KPMG LLP			Firm's EIN ►	13-5565207
200 (y	Firm's address ► 1601 MARKET STREE	T, PHILADELPHIA, PA 19103-2499		Phone no.	267-256-7000

 Firm's address ► 1601 MARKET STREET, PHILADELPHIA, PA 19103-2499
 Phone no.
 267

 Send Form 8937 (including accompanying statements) to: Department of the Treasury, Internal Revenue Service, Ogden, UT 84201-0054
 267