

15 January 2009

Manager
Philanthropy and Exemptions Unit
Personal and Retirement Income Division
The Treasury
Langton Crescent
PARKES ACT 2600

Dear Sir/Madam

Comments on “Improving the integrity of Prescribed Private Funds (PPFs)”

Research Australia, a not-for-profit membership based organisation that supports the development of Australian health and medical research is pleased to respond to the Treasury discussion paper “Improving the integrity of Prescribed Private Funds (PPFs)”.

Philanthropy is an important source of support for health and medical research. Research Australia supports measures to redress the current low level of philanthropic support in Australia. A study by Queensland University of Technology¹, commissioned by Research Australia, found that:

- leading nations have research supported by multiple sources, including government, industry and philanthropy;
- philanthropic funding can address gaps in other funding sources, including high risk investments, rare diseases and global health issues; and
- philanthropic funding generates an increase in funding from government and industry sources.

Research Australia supports Prescribed Private Funds (PPFs) as a vehicle to attract more funding to health and medical research. Research Australia agrees with the government that the primary purpose of these vehicles is philanthropic. Their value and success lies in the extent to which additional funds flow to worthwhile causes and deliver community benefits.

Research Australia supports the intent of the proposed amendments in improving certainty, transparency and efficiency, as well as ensuring that the philanthropic purpose of PPFs is achieved. The challenge is to make changes in such a way as to not discourage potential philanthropists through onerous reporting, or inflexible requirements that detract from the attractiveness of PPFs to individuals with the means and commitment to philanthropy, and in particular those who may not otherwise have been attracted to philanthropic causes. Some of the suggestions in the discussion paper could have a significant adverse impact on PPFs and ultimately the medical research sector.

¹ Queensland University of Technology. 2005. *Lifting the Lifegiving Dollar*, report for Research Australia

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We address the specific consultation questions below. We also strongly recommend that any amendments are reviewed subsequently to ensure that they do not counteract the original policy intent of PPFs, namely to stimulate philanthropic support from companies, families and individuals.

What is an appropriate minimum distribution rate? Why?

Research Australia acknowledges the importance of ensuring that PPF funds flow to charitable causes. Given that income tax is foregone by the government in the year of donation to the PPF, we recognise that timing and the gap between receipt of tax benefit and distribution of funding is a critical issue. For the purposes of certainty and to ensure that PPFs fulfil their purpose as a philanthropic vehicle to generate public benefits, a minimum distribution rate is desirable.

Each PPF will have its own objectives and desired time-frame for supporting various causes. Some funds will prefer a period of funds accumulation to support high cost long-term projects, while others will wish to make regular donations that are initiated upon the establishment of the PPF and distributed at varying intervals. Health and medical research is by its nature a long term, relatively high-cost philanthropic option. Research Australia therefore recommends a cautious approach in determining the proportion of funds that must be distributed annually. A formula should be determined that balances the principles of philanthropic giving against the potential to discourage prospective philanthropists from choosing the PPF vehicle, and the need to accumulate funds to a point where long-term high cost projects, typical of medical research, can be supported.

According to QUT figures², \$117 million was distributed by PPFs to charities in 2006-07. This constitutes nearly 10 per cent of the \$1.2 billion invested in PPFs at 30 June 2007, or 14 per cent of the funds invested at 30 June 2006. As \$1.2 billion was donated to PPFs from 2002 to 2007 and the closing value of the PPFs at 30 June 2007 was \$1.2 billion, it appears that distributions are broadly in line with average investment returns over this period. Of the \$301 million distributed to date, \$17 million has been to health-related charities and \$6 million to research.

Philanthropy Australia, in its submission on the discussion paper³, recommended a minimum distribution rate of 5 per cent. This appears to be acceptable to the philanthropy sector and could be an appropriate starting point, with the potential to review in the future. A significantly higher distribution rate will make establishing PPFs in perpetuity difficult, to the detriment of medical research projects that would benefit from long-term philanthropic support.

Should the Commissioner have the ability to modify the minimum amount according to market conditions (for example, based on average fund earnings)?

Research Australia is inclined to support the Commissioner having the ability to modify the minimum amount, to ensure that the distribution requirement is not inflexible in negative financial circumstances. For example, in periods of low or negative average investment returns, the Commissioner might seek to determine a waiver of the minimum distribution.

² Queensland University of Technology. 2008. *Prescribed Private Funds*, CPNS Current Issues Sheet 2008/6 http://www.bus.qut.edu.au/research/cpns/documents/2008_6_PPFs_Final_Web.pdf

³ Philanthropy Australia. 2008. *Response to "Improving the Integrity of Prescribed Private Funds"*, http://www.philanthropy.org.au/pdfs/advocacy/PA_PPF_Submission.pdf

However, we note concerns from Philanthropy Australia about the negative impact of discretionary powers on certainty for PPF managers. For this reason, any discretion granted to the Commissioner would need to be limited to specific circumstances and we suggest consideration be given to only allowing for variations that reduce the mandatory distribution below 5%.

Should a lower distribution rate apply for a period (for example, 1-2 years) to allow newly established PPFs to build their corpus?

Research Australia recognises that many philanthropists prefer to build a corpus of funds prior to making significant distributions. We are inclined to support a lower distribution rate in the early stages of PPFs, as this not only allows a build-up of core funding, but also the development of review and distribution mechanisms, selection of suitable projects etc. However, this must be balanced against the simplicity of having a consistent distribution rate for all PPFs.

Is setting a minimum PPF size appropriate? What should the minimum PPF size be in dollar terms?

Research Australia notes that there is no minimum size requirement for superannuation funds. Administrative costs and regulatory compliance impose a natural limitation on feasible size. We consider that the judgement of trustees and donors will be sufficient to ensure that PPFs are not of inefficient scale, although we note the view proposed by Philanthropy Australia on this matter.

Are there any concerns with the proposal to require that the contact details of PPFs be provided to the public? What information should be provided publicly?

Many donors to PPFs have chosen this vehicle as it attracts less public attention than alternatives, allowing them to direct funds without significant pressure from individuals and organisations making funding approaches. Research Australia supports the requirement that PPFs be registered as businesses with ABNs. However, the proposal to provide contact details to allow charities to make representations may inhibit the attractiveness of the essentially private nature of PPFs. The burden of filtering through unsolicited funding requests will impose administrative costs and may discourage many philanthropists who would otherwise be drawn to PPFs.

Will two years be a long enough transitional period for existing PPFs to comply fully with the new Guidelines?

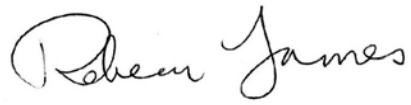
Research Australia supports a transitional period of two years for existing PPFs.

Are there any cost or other concerns relating to the corporate trustee proposal?

84 per cent of existing PPFs already use corporate trustees and corporate trustees are widely used in the self-managed superannuation fund sector. However, we understand that there are concerns within the sector about this proposal limiting the freedom to use co-trustees, increasing administrative costs and possibly conflicting with state trustee laws.

Please do not hesitate to contact Mr David Pullar, Manager, Policy and Partnerships (telephone 02 9227 0346), should you wish to discuss any aspect of this letter.

Yours sincerely

A handwritten signature in black ink that reads "Rebecca James". The signature is written in a cursive style with a large initial 'R'.

Rebecca James
Chief Executive Officer

ATTACHMENT

- Research Australia Philanthropy Polling

Research Australia

An alliance for discoveries in health

Health and medical research philanthropy: a community perspective

Research Australia's Public Opinion Poll 2008

Proudly supported by



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Introduction

Philanthropy is an important source of support for health and medical research. Effective health and medical research depends on investment from government, industry and the community. A strong pool of philanthropic dollars for health and medical research has the potential to boost our national capability to address health challenges. This report considers patterns and trends in philanthropy for health and medical research shown in Research Australia's Public Opinion Poll 2008, conducted by Crosby|Textor and supported by the MBF Foundation.

A study by Queensland University of Technology¹, commissioned by Research Australia, found that:

- leading nations have research supported by multiple sources, including government, industry and philanthropy;
- philanthropic funding can address gaps in other funding sources, including high risk investments, rare diseases and global health issues; and
- philanthropic funding generates an increase in funding from government and industry sources.

Yet philanthropic support for health and medical research in Australia is not strong. In 2006, Research Australia published *Health and Medical Research Philanthropy: The Fourth Dimension of the Virtuous Cycle*. This publication considered the results of Research Australia's Public Opinion Polls and the 2005 *Giving Australia* study to ascertain the level of community support for health and medical research.

These results showed that philanthropic support for health and medical research was low by international standards, especially compared to the USA, and also low compared to giving to other causes. The average yearly donation to medical research, according to *Giving Australia*, was \$77, compared to religious or spiritual organisations (\$529), international aid and development organisations (\$234) and arts/cultural associations (\$220)². While there have been notable examples of philanthropy from wealthy individuals, such as Ralph Sarich and Andrew Forrest, the average Australian is not giving substantially.

Research Australia's 2004 Public Opinion Poll found that 60% of the community give to health and medical research³. Of the 39% that do not give to health and medical research, the most common reasons were that it was a government responsibility (74%) and that they give to other charities (74%). Other common reasons were not being able afford to give (62%) and not knowing what to give to (49%).

Since this report was published, Research Australia Philanthropy has been established, with the goal of stimulating new community investment in health and medical research. This initiative is designed to overcome barriers to giving: through raising awareness of health and medical research as an attractive giving option, helping philanthropists identify projects that fit with their giving aims and providing support to researchers in approaching the community for support.

The need to grow philanthropic giving for health and medical research remains. Figures from Access Economics' latest *Exceptional Returns* report show that philanthropic giving (classified as "Other Australian" funding) declined relative to business and government investment from 2000-01 to 2004-05 (Figures 1 and 2).

The 2008 Public Opinion Poll revisits some of the questions from 2004 and gives new insights into the drivers of philanthropy. Giving levels have risen in recent years, with an average donation of \$101 per annum and 74% of the community giving to health and medical research. However, giving for health and medical research remains low in comparison to other causes. The average

¹ Queensland University of Technology. 2005. *Lifting the Lifegiving Dollar*, report for Research Australia

² Prime Minister's Community Business Partnership. 2005. *Giving Australia: Research on Philanthropy in Australia*, October 2005

³ Research Australia. 2004. *Health and Medical Research Public Opinion Poll 2004*

supporter of health and medical research is an educated, mid to late career, male professional who works full time. Information about giving patterns will help the research sector inspire the community to give generously to support the quest for better health.

Figure 1

Health R&D funding by source 2000-01

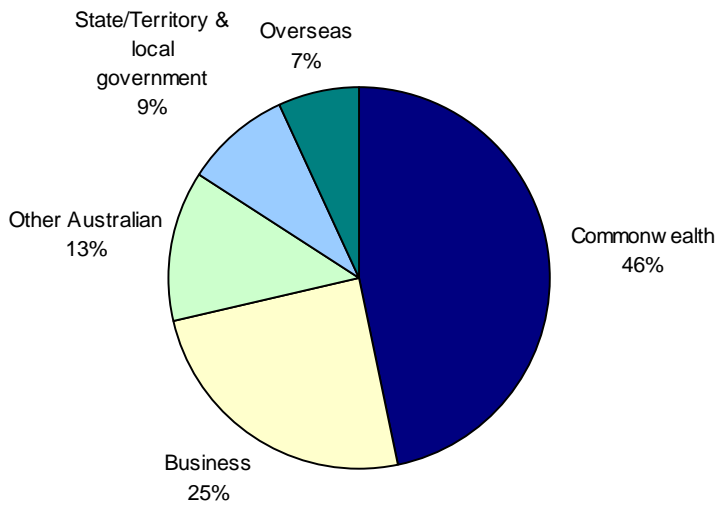
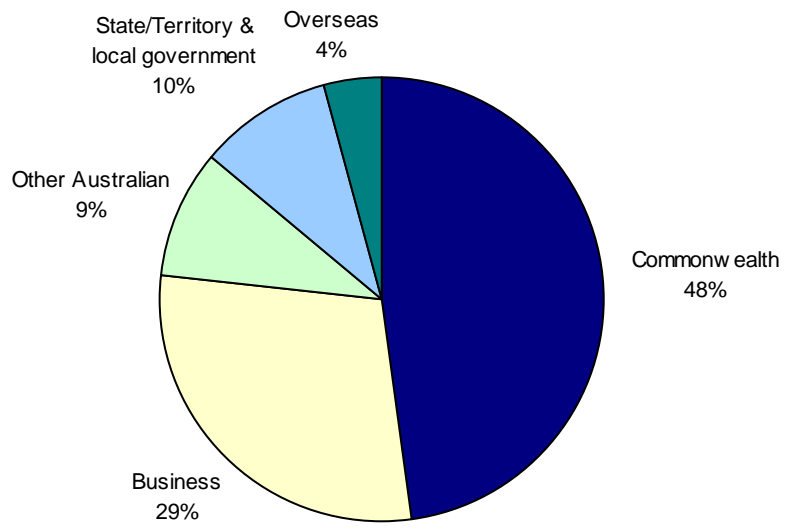


Figure 2

Health R&D funding by source 2004-05



Results of 2008 opinion poll

The Research Australia Public Opinion Poll 2008 surveyed the community on a number of issues relating to health and medical research philanthropy, including number of donations per year, average annual donation and organisations donated to. The poll also asked whether individuals should give more to medical research and reasons for not giving more.

The questions relating to average donations suggest that philanthropic support for health and medical research has increased since the *Giving Australia* study. The average donation was \$101 per annum, higher than the \$77 noted above. However, investment in health and medical research

from government and business sources is increasing at a faster rate, as shown in Access Economics' *Exceptional Returns* report, discussed above.

However, nearly three-quarters of Australians (73%) say they are donating \$100 a year or less to health and medical research with the average amount for these people being \$50 (see Figure 4). Larger donations are less common, with only 14% donating between \$101 and \$500 a year (average \$300) and just 2% giving more than \$500 a year (average \$600). A small proportion (2%) says they give nothing and 9% could not say how much they gave.

The frequency of annual donations was small, with 58% of Australians giving once a year or less (see Figure 3). A quarter of the community (25%) gives 2 to 3 times a year and 8% gives 4 or more times a year. The proportion of Australians giving to health and medical research is higher than in 2004, where 39% of the community did not give at all.

Figure 3

Q: Thinking now specifically about funding for health and medical research in Australia. About how often do you personally donate money to health and medical research organisations?

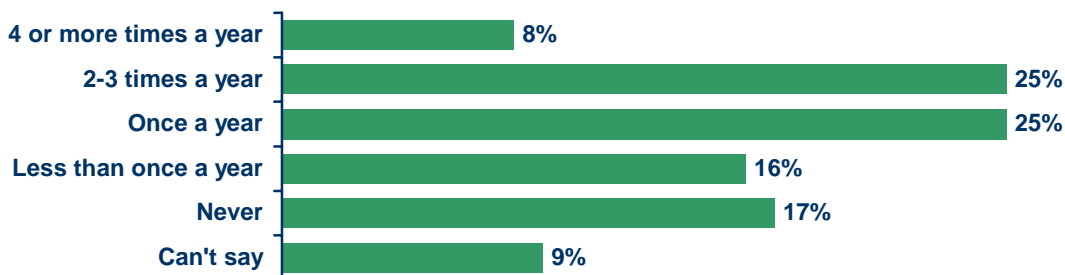
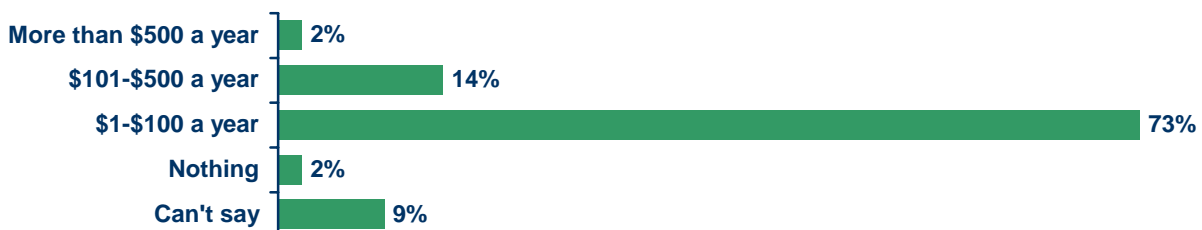


Figure 4

Q: And, on average, about how much money in total each year would you donate to health and medical research organisations?



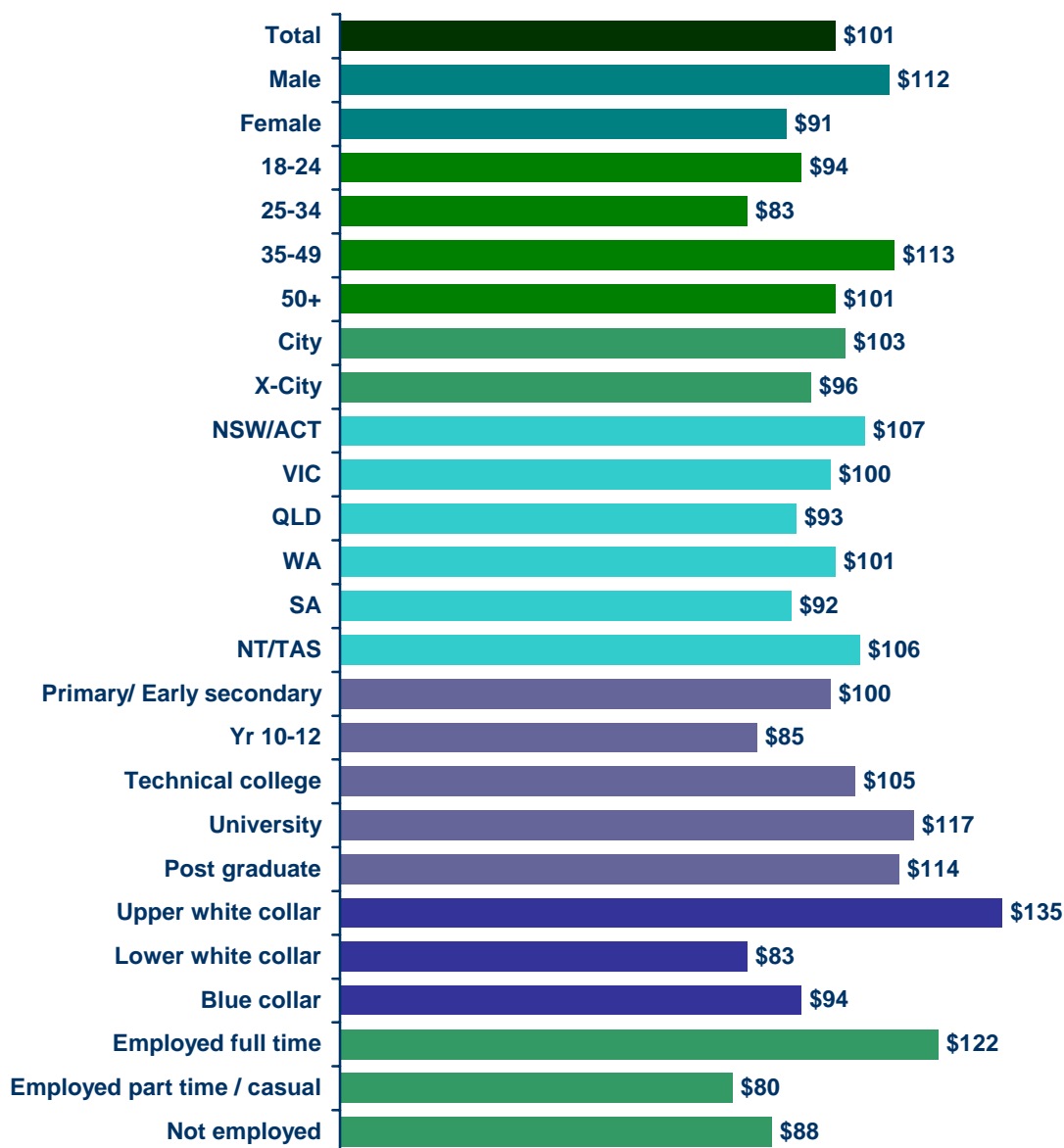
There was considerable variation between demographic groups. For example, men give more on average, donating \$112 per annum to health and medical research, while women give an average of \$91 (see Figure 5). Younger Australians give less to medical research than those over 35. 35-49 year olds are the most likely age group to donate (mean \$113) and 25-34 year olds the least likely (mean \$83).

Education level appears to be a factor, as those with some form of tertiary education are more likely to donate than those with Year 12 or lower qualifications. There was also variation with employment status and job type. Lower white collar workers (mean \$83) and blue collar workers (\$94) were much less likely to donate than upper white collar workers (\$135). Full time workers (mean \$122) donate more on average than part time or casual workers (\$80) or people who are not employed (\$88).

Based on these figures, it appears that the group of individuals who give the most to health and medical research are 35-49 year old males with university degrees and employed full-time in upper white collar jobs.

Figure 5

Q: And, on average, about how much money in total each year would you donate to health and medical research organisations?

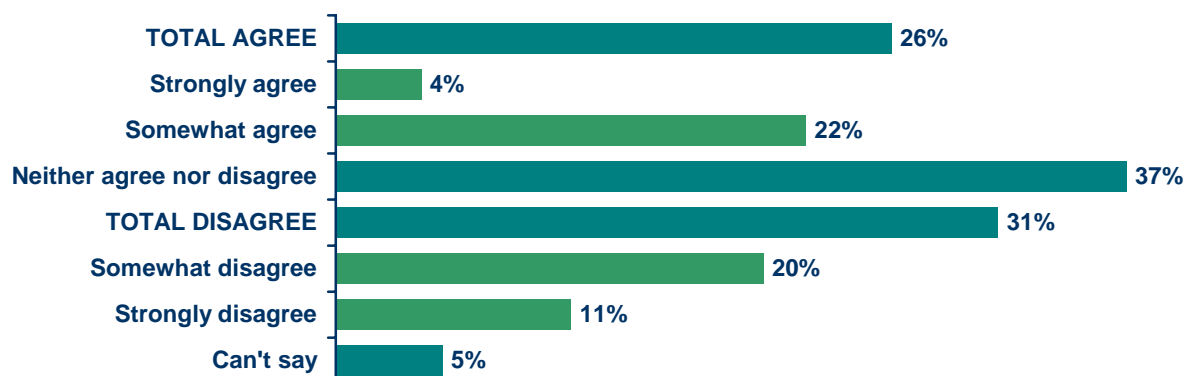


This suggests that education and income are influential in determining how much an individual will give to health and medical research. The poll finding that 48% of Australians don't give more to health and medical research because they "can't afford it" (see Figure 7) provides some additional evidence of this influence.

Overall, Australians do not see the need for greater philanthropy in supporting health and medical research (see Figure 6). When asked about the 9% of funding that currently comes from the community, only 26% agreed (and only 4% strongly) that individuals should give more to research. A substantial group (37%) did not agree or disagree and a similar proportion (31%) disagreed.

Figure 6

Q: Still thinking about funding for health and medical research in Australia. Private individuals and philanthropic organisations currently account for about 9% of the funding provided for health and medical research, with governments and business providing the rest. Do you agree or disagree (and is that strongly or somewhat agree or disagree) that individuals such as you should give more money than you currently give to funding health and medical research?

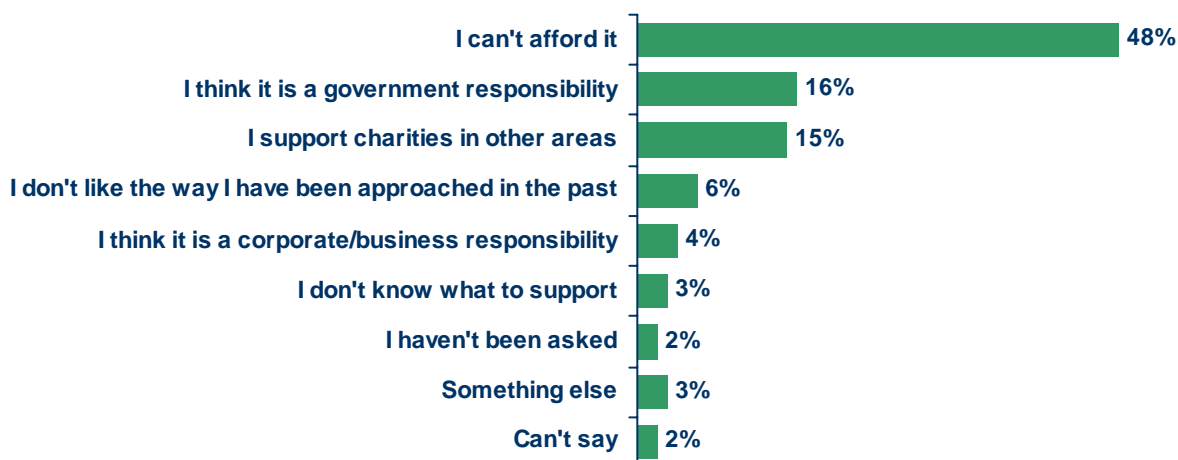


The 2004 poll had suggested that the principal reasons for individuals not giving more were that health and medical research was seen as a government responsibility and that individuals support other charities. However, the 2008 poll found that the main reason is individuals feeling that they can't afford to give more (see Figure 7). 48% of respondents stated that as the primary reason for not giving more. Seeing health and medical research as a government priority (16%) and supporting other charities (15%) were less common reasons.

This finding is in keeping with a rising concern about financial issues. The 2008 poll showed an increase in the importance of "hip-pocket" concerns. On the question of priority concerns for Australians, cost of living, interest rates and taxes have all shown a consistent upward trend over the last three years. This feeling of financial uncertainty is reflected in a declining importance placed by the community on environmental sustainability issues.

Figure 7

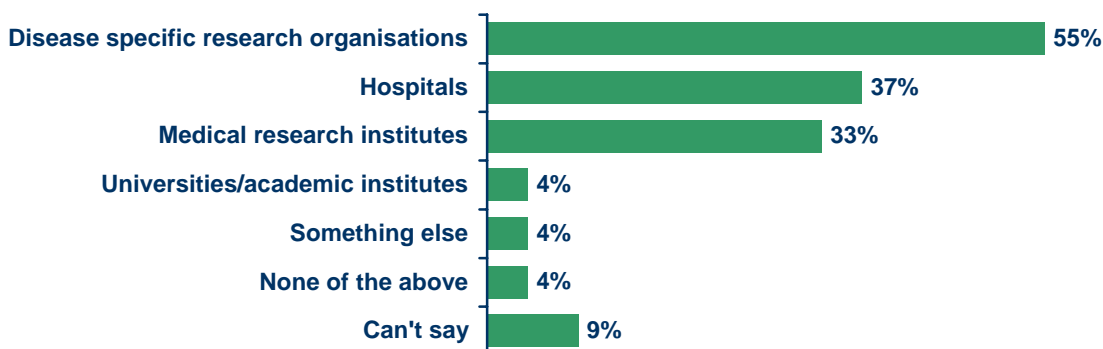
Q: Regardless of whether or not you think individuals should give more money to health and medical research organisations, which of the following MOST CLOSELY represents the MAIN reason you would not give more money to health and medical research?



Disease-specific organisations are the most likely to receive philanthropic support for health and medical research (see Figure 8). 55% of Australians donate to these organisations, compared to 37% to hospitals, 33% to medical research institutes and 4% to universities and academic institutes.

Figure 8

Q: And what kinds of health and medical research organisations do you donate to (may be more than one)?



Conclusions

Lifting philanthropic support for health and medical research is an important priority for the sector. This will be increasingly challenging in the light of growing financial pressures on the community and slowing economic growth. However, there is room for growing philanthropic support, particularly in those groups that typically give less, including women and younger Australians.

Given wide-spread concern about affordability, advocates for the sector need to communicate that people cannot afford to *not* support health and medical research. Research is critical for improving health and government and business investment alone will not lead to the breakthroughs we need. Philanthropic support for health and medical research is an investment in future good health.

There is an additional challenge for non-disease specific research institutions in attracting philanthropic support. Medical research institutes and universities are at a disadvantage in communicating the importance of their research because of the diversity of their work. Developing methods for attracting philanthropists to specific projects within institutions will be critical.

Research Australia Philanthropy's work in developing resources to link philanthropy and research will help place Australian health and medical research on a firmer footing.

For information about Research Australia's Scientific Review Panel Service, and Register of Research Projects contact Jessica Gilbert, Jessica.Gilbert@researchaustraliaphilanthropy.org or contact 03 9650 3131.