

# **SACRED SUCCESS**

**A COURSE IN FINANCIAL MIRACLES**

**BY BARBARA STANNY**

### Values Clarification Exercise

Below is a list of values. Circle the ten that are most important to you. If you don't see an important value on this list, add it. Give yourself time to really explore and think about these.

Acceptance	Fun	Leadership	Simplicity
Achievement	Generosity	Learning	Sisterhood
Adventure	God	Leaving a legacy	Spirituality
Aging well	Growth	Leisure	Strength
Beauty	Happiness	Life partner	Success
Charity	Harmony	Love	Support
Comfort	Health	Making a difference	Surrender
Commitment	Honesty	Parenting	Time alone
Communication	Honor	Patriotism	Transformation
Community	Humility	Peace	Truth
Courage	Independence	Physical activity	Using my talents
Creativity	Individuality	Power	Wisdom
Democracy	Influence	Respect	Others
Dignity	Inner peace	Responsibility	
Discovery	Integrity	Retirement	
Diversity	Intimacy	Security	
Education	Joy	Seeing the world	
Family	Justice	Self-discipline	
Freedom	Kindness	Self-esteem	
Friendship	Knowledge	Service	

Next, cross out five that you circled and rank the five that remain in order of importance.

### **My Most Important Values**

- 1.
- 2.
- 3.
- 4.
- 5.

Now that you know what values are most important to you, from this point on, before making any decisions, before saying YES or NO to anything, ask yourself this question:

*Will this get me closer, or take me further, from my values, from pursuing my highest purpose, living my deepest truths?*

## **Ten Signs of Disciplined Action**

Use these ten signs as a daily checklist. Put a copy where you'll see it, and every evening, go through each item, checking off the ones you followed. My bet—this simple exercise will have you disciplined in no time!

1. I know what I want and am committed to getting it. (And if I don't know, I devote time and energy to figuring it out.)
2. I am so focused on my vision that I don't get distracted or scattered by irrelevant, draining, or conflicting tasks.
3. I am willing to experience whatever it takes—defeat, embarrassment, even humiliation—to achieve what I want.
4. I am always doing things I've never done before and/or don't want to do.
5. I make at least one unreasonable (i.e., scary) request of others a week.
6. I don't say "yes" when I really want to say "no," even if it means rocking the boat or upsetting another person.
7. I regularly seek support, and refuse to spend time with or discuss my dream with naysayers (even if they're part of my family).
8. Every time I'm afraid to do something, I force myself to do it anyway. (And I catch myself when I try to justify not doing it.)
9. I am rigorous about what I think and the words I speak, making sure they're positive, supportive, and appreciative (of myself and others).
10. I take time to relax and pamper myself so I don't burn out.



## The Monthly Money Flow Chart Summary

Print out twelve copies of this chart so you have a year's worth. Every month, transfer your expenses from the Expense Tracker to the Monthly Money Flow Chart, putting your expenses into their relevant categories. Once you add up the totals in each category, transfer the totals to the Condensed Monthly Money Flow Chart (p. 10).

	Full Month Amount	Notes
<b>Income</b>		
Self		
Partner		
Other		
<b>Total Income</b>	\$	
<b>Savings/Investments</b>		
Automatic Savings		
Money Market/CD Savings Accounts		
Retirement Accounts		
Stocks/Mutual Funds		
<b>Total Savings/Investments</b>	\$	
<b>Debt Payments</b>		
Home Equity Line		
Education Loans		
Consumer/Auto Loans		
Total Credit Card Payments		
Other		
<b>Total Debt Payments</b>	\$	
<b>Household</b>		
Supplies		
Furniture/Decorating		

**Monthly Money Flow Chart Summary (continued)**

	<b>Full Month Amount</b>	<b>Notes</b>
Landscape		
Repairs/Improvements		
Other		
<b>Total Household</b>	<b>\$</b>	
<b>Food</b>		
Groceries		
Restaurants		
Other		
<b>Total Food</b>	<b>\$</b>	
<b>Clothing</b>		
Wardrobe		
Accessories		
Cleaning		
Other		
<b>Total Clothing</b>	<b>\$</b>	
<b>Self-Care</b>		
Supplies		
Health Club		
Services		
Cosmetics		
Other		
<b>Total Self-Care</b>	<b>\$</b>	
<b>Health Care</b>		
Insurance		
Health Care Providers		
Supplements/Supplies		
Other		
<b>Total Health Care</b>	<b>\$</b>	

**Monthly Money Flow Chart Summary (continued)**

	<b>Full Month Amount</b>	<b>Notes</b>
<b>Transportation</b>		
Car Payments/Rental/Public Transportation		
Insurance		
Registration		
Gas		
Repairs/Maintenance		
Other		
<b>Total Transportation</b>	<b>\$</b>	
<b>Entertainment</b>		
Gatherings/Parties		
Movies/Video Rental		
Concerts/Theater, Etc.		
Sporting Events		
Subscriptions		
Vacations/Travel		
Other		
<b>Total Entertainment</b>	<b>\$</b>	
<b>Dependent Care</b>		
Childcare		
Education		
Toys/Books/Supplies		
Medical		
Other Child Related		
Elderly Care		
Pet Food & Supplies		
Vet/Grooming		
Other Pet Related		
<b>Total Dependent Care</b>	<b>\$</b>	



**Monthly Money Flow Chart Summary (continued)**

	<b>Full Month Amount</b>	<b>Notes</b>
<b>Education</b>		
Tuition		
Books		
Classes/Seminars		
Other		
<b>Total Education</b>	<b>\$</b>	
<b>Taxes &amp; Insurance</b>		
Federal Income Tax		
State Income Tax		
Life Insurance		
Homeowner's Insurance		
Other		
<b>Total Taxes &amp; Insurance</b>	<b>\$</b>	
<b>Gifts</b>		
Birthday		
Holiday/Special Occasion		
Other		
<b>Total Gifts</b>	<b>\$</b>	
<b>Spiritual Growth</b>		
Church/Temple		
Education		
<b>Total Spiritual Growth</b>	<b>\$</b>	

### The Condensed Monthly Money Flow Chart Summary

By condensing the expense categories above, you get a bird's-eye view of your total spending. If you have money left over, congratulations! Use it to pay down credit card debt and add to savings. If the result is negative, go back to the Monthly Money Flow Chart and see where you can cut expenses. In addition, use this chart to see if you're spending in a way that reflects your values, goals, and dreams.

	<b>Full Month Amount</b>	<b>Notes</b>
Total Income	\$	
<b>Expenses</b>		
Savings/Investments	\$	
Debt Payments	\$	
Household	\$	
Food	\$	
Clothing	\$	
Self-Care	\$	
Health Care	\$	
Transportation	\$	
Entertainment	\$	
Dependent Care	\$	
Education	\$	
Taxes & Insurance	\$	
Gifts	\$	
Spiritual Growth	\$	
<b>Total Expenses</b>	<b>\$</b>	
Net Money Flow Subtract total expenses from total income	\$	

## Net Worth Calculation

### Assets

#### *Cash (or Equivalents)*

Cash in Checking & Savings Accts.	\$	_____
Money Market Funds	\$	_____
Cash Value of Life Insurance	\$	_____
Loans Receivable	\$	_____
Other	\$	_____

#### *Investments (Market Value)*

Certificates of Deposit	\$	_____
Stocks	\$	_____
Bonds	\$	_____
Mutual Funds	\$	_____
Annuities	\$	_____

#### *Retirement Funds*

IRAs	\$	_____
401(k), 403(b), 457 Plans	\$	_____
Pension/Profit-Sharing Plan	\$	_____
Other	\$	_____

#### *Real Estate (Current Market Value)*

Residence	\$	_____
Income Property	\$	_____
Land	\$	_____
Self-Empl. Business Valuation (Net)	\$	_____

#### *Personal Property*

Automobile(s)	\$	_____
Recreational Vehicle/Boat	\$	_____
Household Furnishings	\$	_____
Collections/Art	\$	_____
Jewelry	\$	_____
Other	\$	_____

<b>TOTAL ASSETS</b>	<b>\$</b>	<b>_____</b>
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## Net Worth Calculation (continued)

### Liabilities

#### *Current Debts*

Credit Cards	\$	_____
Department Store Cards	\$	_____
Medical	\$	_____
Back Taxes	\$	_____
Legal	\$	_____
Other	\$	_____

#### *Loans*

Personal (Bank/Finance Companies)	\$	_____
Home Equity	\$	_____
Education	\$	_____
Automobile	\$	_____
Recreational Vehicle/Boat	\$	_____
Education	\$	_____
Personal (from Friends/Family)	\$	_____
Other	\$	_____

#### *Mortgages*

Home(s)	\$	_____
Investment Properties	\$	_____
Land	\$	_____
Other	\$	_____
<b>TOTAL LIABILITIES</b>	<b>\$</b>	_____

### Net Worth Calculation

Total Assets	\$	_____
Minus Total Liabilities	\$	_____
<b>EQUALS NET WORTH</b>	<b>\$</b>	_____

**Vital Financial Information**

Your Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Key People to Contact (name, phone number, etc.)

Attorney: \_\_\_\_\_

Accountant: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_

Other: \_\_\_\_\_

Location of Vital Documents

Will: \_\_\_\_\_

Tax Returns: \_\_\_\_\_

Insurance Papers: \_\_\_\_\_

Deed to House: \_\_\_\_\_

Mortgage: \_\_\_\_\_

Other: \_\_\_\_\_

**Vital Financial Information (continued)**

Insurance Policies, Account Numbers, and Contact People: \_\_\_\_\_

\_\_\_\_\_

Banks and/or Institutions, Account Numbers, and Contact People: \_\_\_\_\_

\_\_\_\_\_

Retirement Account, Account Numbers, and Contact People: \_\_\_\_\_

\_\_\_\_\_

Location of Safety Deposit Box and Key: \_\_\_\_\_

\_\_\_\_\_

Credit Cards: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_