Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
CECO ENVIRONMENTAL 401(K) SAVINGS AND RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 03/01/1989

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
CECO ENVIRONMENTAL CORP.

3120 FORRER STREET
CINCINNATI, OH 45209

2b Employer Identification Number (EIN) 31-0341570

2c Sponsor's telephone number 513-351-1400

2d Business code (see instructions) 331310

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	RHONDA DUTLINGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	RHONDA DUTLINGER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
CECO ENVIRONMENTAL CORP.

3120 FORRER STREET
CINCINNATI, OH 45209

3b Administrator's EIN
31-0341570

3c Administrator's telephone number
513-351-1400

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	340
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	276
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	50
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	326
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	326
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	309
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2G 2J 2K 3D 2F 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)	X	**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan	**B** Three-digit plan number (PN) ▶
CECO ENVIRONMENTAL 401(K) SAVINGS AND RETIREMENT PLAN	003

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
CECO ENVIRONMENTAL CORP.	31-0341570

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PNC BANK, N.A.

25-1211909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 59 60 63	TRUSTEE	1288	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AIM CHARTER FUND 1555 PEACHTREE STREET, N.E. ATLANTA, GA 30309	5 BASIS POINTS ANNUALLY-59 25 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	59 60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AIM SMALL CAP GROWTH 1555 PEACHTREE STREET, N.E. ATLANTA, GA 30309	5 BASIS POINTS ANNUALLY-59 25 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY EQUITY INCOME FUND P.O. BOX 419385 KANSAS CITY, MO 64141	35 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY STRATEGIC ALLOCATI P.O. BOX 419385 KANSAS CITY, MO 64141	35 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY STRATEGIC ALLOCATI P.O. BOX 419385 KANSAS CITY, MO 64141	35 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY STRATEGIC ALLOCATI P.O. BOX 419385 KANSAS CITY, MO 64141	35 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS - AMERICAN BALANCED 333 SOUTH HOPE STREET LOS ANGELES, CA 90071	5 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS - THE BOND FUND OF A 333 SOUTH HOPE STREET LOS ANGELES, CA 90071	5 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS - THE GROWTH FUND OF 333 SOUTH HOPE STREET LOS ANGELES, CA 90071	5 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS - WASHINGTON MUTUAL 333 SOUTH HOPE STREET LOS ANGELES, CA 90071	5 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTISAN MID CAP VALUE FUND 875 E. WISCONSIN AVENUE, SUITE 800 MILWAUKEE, WI 53202	35 BASIS POINTS ANNUALLY-60

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	59 60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FEDERATED KAUFMANN FUND FEDERATED INVESTORS TOWER PITTSBURGH, PA 15222	25 BASIS POINTS ANNUALLY-59 10 BASIS POINTS ANNUALLY-60

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	59 60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FEDERATED KAUFMANN SMALL CAP FUND FEDERATED INVESTORS TOWER PITTSBURGH, PA 15222	25 BASIS POINTS ANNUALLY-59 10 BASIS POINTS ANNUALLY-60

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	59 60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FEDERATED MDT ADVISERS ALL CAP CORE FEDERATED INVESTORS TOWER PITTSBURGH, PA 15222	25 BASIS POINTS ANNUALLY-59 10 BASIS POINTS ANNUALLY-60

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	59 60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FEDERATED MID-CAP INDEX FUND FEDERATED INVESTORS TOWER PITTSBURGH, PA 15222	25 BASIS POINTS ANNUALLY-59 5 BASIS POINTS ANNUALLY-60

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	59 60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FEDERATED TOTAL RETURN BOND FUND FEDERATED INVESTORS TOWER PITTSBURGH, PA 15222	25 BASIS POINTS ANNUALLY-59 5 BASIS POINTS ANNUALLY-60

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARBOR CAPITAL APPRECIATION FUND 111 S WACKER DRIVE, 34TH FLOOR CHICAGO, IL 60606	18 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HARBOR INTERNATIONAL FUND 111 S WACKER DRIVE, 34TH FLOOR CHICAGO, IL 60606	18 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	59 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MFS INT'L NEW DISCOVERY 500 BOYLSTON STREET BOSTON, MA 02116	25 BASIS POINTS ANNUALLY-59 25 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ROYCE PREMIER FUND 745 5TH AVENUE, 24TH FLOOR NEW YORK, NY 10151	10 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
THIRD AVENUE SMALL CAP VALUE FUND 622 THIRD AVENUE, 32 FLOOR NEW YORK, NY 10017	35 BASIS POINTS ANNUALLY-60

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
CECO ENVIRONMENTAL 401(K) SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CECO ENVIRONMENTAL CORP.

D Employer Identification Number (EIN)
31-0341570

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PNC EBT INVESTMENT CONTRACT FUND

b Name of sponsor of entity listed in (a): PNC BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-1197336-001	C	1935080

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
CECO ENVIRONMENTAL 401(K) SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
CECO ENVIRONMENTAL CORP.

D Employer Identification Number (EIN)
31-0341570

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	12328	14671
(2) Participant contributions	1b(2)	29030	38997
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)	63057	32180
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1600032	1935080
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14956141	20436197
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	16660588	22457125
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	16660588	22457125

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	580925	
	(B) Participants	2a(1)(B)	1573046	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2153971
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	3882	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3882
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	307490	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		307490
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3101616	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2856400	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		245216

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		101124
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3563950
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6375633
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	577808	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		577808
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1288	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1288
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		579096
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		5796537
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: RIPPE & KINGSTON, CO PSC (2) EIN: 31-1192250

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
CECO ENVIRONMENTAL 401(K) SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
CECO ENVIRONMENTAL CORP.

D Employer Identification Number (EIN)
31-0341570

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 25-1211909

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a	The current year	**14a**	
b	The plan year immediately preceding the current plan year	**14b**	
c	The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a	The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b	The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a	Enter the number of employers who withdrew during the preceding plan year	**16a**	
b	If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

CECO ENVIRONMENTAL 401(k) SAVINGS AND RETIREMENT PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2009 AND 2008 AND FOR THE YEAR ENDED DECEMBER 31, 2009
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rippe&kingston

certified public accountants & advisors

The Retirement Plan Committee
CECO Environmental 401(k) Savings and
Retirement Plan

Independent Auditors' Report

We were engaged to audit the accompanying statement of net assets available for benefits of the CECO Environmental 401(k) Savings and Retirement Plan (the "Plan") as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedule of Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified or provided by PNC Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. As disclosed in Note 4, the Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the trustee as of and for the year ended December 31, 2009 and as of December 31, 2008.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Rippe & Kingston co PSC

October 6, 2010

CECO ENVIRONMENTAL 401(k) SAVINGS AND RETIREMENT PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2009 and 2008

	2009	2008
ASSETS		
Investments at fair value (see Note 4)	$ 22,371,277	$ 16,556,173
Participant loans	32,180	63,057
	22,403,457	16,619,230
RECEIVABLES:		
Participant contributions	38,997	29,030
Employer contributions	14,671	12,328
	53,668	41,358
NET ASSETS AVAILABLE FOR BENEFITS, at fair value	22,457,125	16,660,588
Adjustment from fair value to contract value for fully benefit-responsive investment contract	4,877	66,234
NET ASSETS AVAILABLE FOR BENEFITS	$ 22,462,002	$ 16,726,822

The accompanying notes are an integral part of the financial statements

CECO ENVIRONMENTAL 401(k) SAVINGS AND RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2009

ADDITIONS:	
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation in fair value of investments (see Note 4)	$ 3,848,933
Dividends	307,490
Interest on participant loans	3,882
	4,160,305
Contributions:	
Participant deferrals	580,925
Employer	1,573,046
Total additions	6,314,276
DEDUCTIONS:	
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	577,808
Administrative expenses	1,288
Total deductions	579,096
Net increase	5,735,180
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	16,726,822
End of year	$ 22,462,002

The accompanying notes are an integral part of the financial statements

CECO ENVIRONMENTAL 401(k)
SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2009

1. DESCRIPTION OF PLAN

The following description of CECO Environmental 401(k) Savings and Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering all full-time employees of The Kirk & Blum Manufacturing Company, CECO Environmental Corporation, KBD/Technic, Inc., CECO Filters, Inc., CECOaire, CECO Abatement, Effox Inc., H. M. White, Inc., Fisher-Klosterman, Inc., AVC Specialists, Inc., and Busch International (wholly-owned subsidiaries of CECO Group, Inc.) (collectively, the "Company"), who have one month of service and are age eighteen or older. Individuals employed under a collective bargaining agreement, independent contractors, and leased employees are not eligible to participate in the Plan. Employees classified as CECO abatement systems are not eligible to receive an allocation of employer discretionary non-matching contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA).

The Sponsor's Retirement Plan Committee and the Plan Administrator control and manage the operation and administration of the Plan. The Retirement Plan Committee has all powers necessary to carry out the provisions of the Plan and to satisfy the requirements of any applicable law. PNC Bank, N.A. is trustee and record keeper of the Plan.

Effective January 1, 2008, the Plan was amended to decrease participant service requirements to 30 days, remove vesting service requirements for all current and future balances, change the employer matching contribution calculation, and implement automatic enrollment.

Contributions - Each year, participants may contribute up to 22 percent of pre-tax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified plans. Eligible employees who fail to make a positive election to participate or decline participation will be automatically enrolled in the Plan with an increasing contribution amount of 3 percent in the first year to 6 percent in the fourth and later years, not to exceed 10 percent. Participants direct the investment of the contributions into various investment options offered by the Plan. The Plan currently offers twenty mutual funds in addition to a collective investment fund as investment options for participants. The Company has a discretionary matching contribution equal to a percentage of the amount deferred by the participant. This percentage is determined each year by the Company. For the year ended December 31, 2009, the Company contributed an amount equal to 100 percent of the first 1 percent and 50 percent of the next 5 percent of eligible compensation deferred by a participant. Additional amounts may be contributed to the Plan

1. **DESCRIPTION OF PLAN** (Continued)

at the Company's option. Participants must have 1,000 hours of credited service, as defined, and must be employed on the last day of the Plan year to share in any additional Company contributions. Contributions are subject to certain limitations.

Participant Accounts - Each participant's account is credited with the participant's contribution and allocations of the Company's contribution and Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon, as well as in all Company contributions.

Participant Loans - Participant loans are permitted in the Plan if a participant obtained the loan under a previous retirement plan sponsored by an entity acquired by the Company. In these instances, the loans are transferred into the Plan and participants continue to repay them. Principal and interest is paid ratably through weekly or bi-weekly payroll deductions. The loans are secured by the balance in the participant's account and bear interest at rates that range from 6.00 percent to 10.25 percent, which are commensurate with local prevailing rates as determined under the previous plans. No new loans may be initiated under the terms of the Plan.

Payment of Benefits - On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a specified period. The Plan also permits in-service withdrawals in which participants must attain age 59½ in order to withdraw amounts contributed through salary deferral or by the employer. Amounts contributed as rollover contributions or transferred from other plans may be withdrawn at any time.

Forfeited Accounts - At December 31, 2009 and 2008, there were no forfeited nonvested amounts. Forfeitures under the Plan are first used for the restoration of participant forfeitures and then to reduce Company contributions. Employer contributions were reduced by $485 during the year ended December 31, 2009.

2. **SUMMARY OF ACCOUNTING POLICIES**

Basis of Accounting - The financial statements of the Plan are prepared using the accrual method of accounting.

2. **SUMMARY OF ACCOUNTING POLICIES** (Continued)

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. In addition, when the Plan invests in a collective trust fund that holds fully benefit-responsive investment contracts, the fair value of the investment in the trust should be reported in investments on the face of the statement of net assets available for benefits. The statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 9 for discussion of fair value measurements.

Payment of Benefits - Benefits are recorded when paid.

Subsequent Events - Subsequent events have been evaluated through October 6, 2010, the date the financial statements were available to be issued.

3. **PNC INVESTMENT CONTRACT FUND**

The Plan has elected the PNC Investment Contract Fund as an investment option. This fund is a collective trust fund investing in fully benefit-responsive investment contracts.

As discussed in Note 2, because the trust fund is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by the trustee, represents contributions made under the fund, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their

3. **PNC INVESTMENT CONTRACT FUND** (Continued)

investments at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. Crediting interest rates are typically reset on a monthly or quarterly basis.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Examples of such events are, but not limited to: partial or complete termination of the Plan's interest in the fund, tax disqualification of the Plan or certain fund amendments if issuers' consent is not obtained. The Plan Administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with the participants, is probable.

	2009	2008
Average Yields:		
Based on actual earnings	2.43%	5.11%
Based on interest rate credited to participants	2.19%	3.77%

4. **INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)**

The following is a summary of unaudited information regarding the Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, included in the Plan's financial statements and supplemental schedule that was prepared by the trustee of the Plan, PNC Bank, N.A., and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that such information is complete and accurate. Investments greater than 5 percent of the Plan's net assets are separately identified below:

	2009	2008
PNC Investment Contract Fund, at fair value, 602,546 and 528,940 shares, respectively	$1,935,080	$ 1,600,032
Vanguard 500 Index Fund, 16,494 and 14,600 shares, respectively	1,693,396	1,213,112
Growth Fund of America, 81,740 and 81,687 shares, respectively	2,233,958	1,672,963
American Century Equity Income, 163,864 shares	*	986,460
Washington Mutual Investors, 66,046 and 76,068 shares, respectively	1,627,370	1,628,614
Federated MDT Advisors All Cap Core Fund, 222,687 and 244,845 shares, respectively	2,438,420	2,269,715
MFS International New Discovery, 90,219 and 82,195 shares, respectively	1,634,774	1,021,685
Federated Total Return Bond, 196,066 and 137,926 shares, respectively	2,131,234	1,404,090
Federated Kaufmann, 258,356 shares	1,203,937	*

4. **INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)** (Continued)

	2009	2008
American Balanced Fund, 71,917 shares	1,165,773	*
Other investments, none greater than 5 percent of net assets available for benefits	6,307,335	4,759,502
Participant loans	32,180	63,057
	$22,403,457	$16,619,230

* - Investment did not exceed 5 percent of the Plan's net assets.

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) increased (decreased) in value, as certified by the Plan's trustee, as follows:

Net appreciation in fair value of investments:	
Mutual funds	$3,747,809
Collective investment fund	101,124
	$3,848,933
Dividends	$ 307,490
Interest on participant loans	$ 3,882

All investments of the Plan are participant directed.

5. **ADMINISTRATION OF PLAN ASSETS**

Certain administrative functions are performed by officers or employees of the Company. No officer or employee receives compensation from the Plan. Certain expenses associated with maintaining the Plan are paid by the Company and are not included in the Plan's financial statements. Administrative expenses owed to the providers of certain mutual funds are paid by the Plan.

6. **PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

7 **PARTY-IN-INTEREST**

PNC Bank, N.A. is the trustee as defined by the Plan and, therefore, these transactions qualify as

7 **PARTY-IN-INTEREST** (Continued)

party-in-interest transactions. Fees paid by the Plan to PNC Bank, N.A. for administrative services amounted to $1,288 for the year ended December 31, 2009.

8. **TAX STATUS**

The Company adopted a prototype non-standardized profit sharing plan with a cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service (IRS) on November 19, 2001, which stated that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan and prototype plan have been amended since receiving the determination letter. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

9. **FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level one measurements) and the lowest priority to unobservable inputs (level three measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level One - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level Two - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level two input must be observable for substantially the full term of the asset or liability.

9. **FAIR VALUE MEASUREMENTS** (Continued)

Level Three - Inputs to the valuation methodology are unobservable and significant to the overall fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Collective Investment fund: Valued based on the fair value of the underlying securities, which consist of the following: short-term investments valued at cost (which approximates fair value); fixed-income securities valued by independent pricing services which employ various methods including exchange-quoted prices, quotes from relevant dealers or market-makers, or matrix pricing; and wrapper contracts valued at discounted present value of the difference between the current contract and replacement cost.

Participant loans: Valued at amortized cost, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair value. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

	Assets at Fair Value at December 31, 2009			
	Level One	Level Two	Level Three	Total
Mutual funds:				
Income funds	$ 2,131,234	$ -	$ -	$ 2,131,234
Growth and income funds	5,013,522	-	-	5,013,522
Growth funds	9,085,229	-	-	9,085,229
Aggressive growth funds	4,206,212	-	-	4,206,212
	20,436,197	-	-	20,436,197

9. **FAIR VALUE MEASUREMENTS** (Continued)

	Assets at Fair Value at December 31, 2009 (Continued)			
	Level One	Level Two	Level Three	Total
Collective investment fund	-	-	1,935,080	1,935,080
Participant loans	-	-	32,180	32,180
Total assets at fair value	$20,436,197	$ -	$1,967,260	$22,403,457

	Assets at Fair Value at December 31, 2008			
	Level One	Level Two	Level Three	Total
Mutual funds	$14,956,141	$ -	$ -	$14,956,141
Collective investment fund	-	-	1,600,032	1,600,032
Participant loans	-	-	63,057	63,057
Total assets at fair value	$14,956,141	$ -	$1,663,089	$16,619,230

The following table sets forth a summary of changes in the fair value of the Plan's level three assets for the year ended December 31, 2009:

	Level Three Gains and Losses	
	Collective Investment Fund	Participant Loans
Balance, beginning of year	$1,600,032	$63,057
Realized gains	6,015	-
Unrealized gains relating to instruments still held at the reporting date	95,109	-
Purchases, sales, issuances and settlements (net)	233,924	(30,877)
Balance, end of year	$1,935,080	$32,180

10. **RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

11. **RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for plan benefits from the financial

11. **RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500** (Continued)

statements to the Form 5500:

	December 31, 2009	December 31, 2008
Net assets available for plan benefits - financial statements	$22,462,002	$16,726,822
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	(4,877)	(66,234)
Net assets available for plan benefits - Form 5500	$22,457,125	$16,660,588

The following is a reconciliation of net appreciation in fair value from the financial statements to the Form 5500:

	For the Year Ended December 31, 2009
Net appreciation in fair value of investments - financial statements	$3,848,933
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	61,357
Aggregate net gain on sale of assets, unrealized appreciation and net investment gain - Form 5500	$3,910,290

SUPPLEMENTAL SCHEDULE

Schedule 1

CECO ENVIRONMENTAL 401(k) SAVINGS AND RETIREMENT PLAN

EMPLOYER IDENTIFICATION NUMBER 31-0341570 PLAN NUMBER 003
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

December 31, 2009

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	PNC Investment Contract Fund	Collective Investment Fund	Participant Directed	$ 1,935,080
	Artisan Mid Cap Value Fund	Mutual Fund	Participant Directed	387,275
	Vanguard 500 Index Fund	Mutual Fund	Participant Directed	1,693,396
	Growth Fund of America	Mutual Fund	Participant Directed	2,233,958
	Washington Mutual Investors	Mutual Fund	Participant Directed	1,627,370
	AIM Small Cap Growth	Mutual Fund	Participant Directed	957,679
	Federated Total Return Bond	Mutual Fund	Participant Directed	2,131,234
	Federated MDT Advisors All Cap Core Fund	Mutual Fund	Participant Directed	2,438,420
	American Balanced Fund	Mutual Fund	Participant Directed	1,165,773
	America Century Equity Income	Mutual Fund	Participant Directed	1,118,144
	American Century Conservative Fund Advisor	Mutual Fund	Participant Directed	239,967
	American Century Moderate Fund Advisor	Mutual Fund	Participant Directed	862,268
	American Century Aggressive Fund Advisor	Mutual Fund	Participant Directed	469,716
	Federated Kaufmann	Mutual Fund	Participant Directed	1,203,937
	Federated Mid Cap Index	Mutual Fund	Participant Directed	335,742
	Royce Premier	Mutual Fund	Participant Directed	938,801
	MFS International New Discovery	Mutual Fund	Participant Directed	1,634,774
	Third Avenue Small Cap Value	Mutual Fund	Participant Directed	95,779
	Federated Kaufmann Small Cap	Mutual Fund	Participant Directed	409,822
	Harbor Capital Appreciation Fund	Mutual Fund	Participant Directed	288,614
	Harbor International Fund	Mutual Fund	Participant Directed	203,528
*	Participant Loans	Interest rates ranging from 6.00% to 10.25% maturing through May 2012	Participant Directed	32,180
				$ 22,403,457

* Represents party-in-interest

Schedule 2

CECO ENVIRONMENTAL 401(k) SAVINGS AND RETIREMENT PLAN

EMPLOYER IDENTIFICATION NUMBER 31-0341570 PLAN NUMBER 003
Schedule H, line 4j - Schedule of Reportable Transactions

For the Year Ended December 31, 2009

NOT INCLUDED IN 2009

	(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or loss
	Individual Reportable Transactions:						
	American Century Equity Growth	Mutual Fund	N/A	$ -	$ -	$ -	
	Bond Fund of America	Mutual Fund	N/A	-	-	-	
	Federated MDT Advisors All Cap Core Fund	Mutual Fund	-	N/A	-	-	N/A
	Federated Total Return Bond	Mutual Fund	-	N/A	-	-	N/A
	Reportable Transactions by Series:						
	NONE						

CECO ENVIRONMENTAL 401(k) SAVINGS AND RETIREMENT PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2009 AND 2008 AND FOR THE YEAR ENDED DECEMBER 31, 2009
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INDEPENDENT AUDITORS' REPORT

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Statement of Changes in Net Assets Available for Benefits for the Year Ended December 31, 2009

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SUPPLEMENTAL SCHEDULE	**SCHEDULE**
Schedule H, line 4i - Schedule of Assets (Held At End of Year) - December 31, 2009	1

rippe&kingston

certified public accountants & advisors

The Retirement Plan Committee
CECO Environmental 401(k) Savings and
Retirement Plan

Independent Auditors' Report

We were engaged to audit the accompanying statement of net assets available for benefits of the CECO Environmental 401(k) Savings and Retirement Plan (the "Plan") as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedule of Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified or provided by PNC Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. As disclosed in Note 4, the Plan Administrator has obtained certifications from the trustee regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the trustee as of and for the year ended December 31, 2009 and as of December 31, 2008.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Rippe & Kingston co PSC

October 6, 2010

CECO ENVIRONMENTAL 401(k) SAVINGS AND RETIREMENT PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2009 and 2008

	2009	2008
ASSETS		
Investments at fair value (see Note 4)	$ 22,371,277	$ 16,556,173
Participant loans	32,180	63,057
	22,403,457	16,619,230
RECEIVABLES:		
Participant contributions	38,997	29,030
Employer contributions	14,671	12,328
	53,668	41,358
NET ASSETS AVAILABLE FOR BENEFITS, at fair value	22,457,125	16,660,588
Adjustment from fair value to contract value for fully benefit-responsive investment contract	4,877	66,234
NET ASSETS AVAILABLE FOR BENEFITS	$ 22,462,002	$ 16,726,822

The accompanying notes are an integral part of the financial statements

CECO ENVIRONMENTAL 401(k) SAVINGS AND RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2009

ADDITIONS:	
ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Investment income:	
Net appreciation in fair value of investments (see Note 4)	$ 3,848,933
Dividends	307,490
Interest on participant loans	3,882
	4,160,305
Contributions:	
Participant deferrals	580,925
Employer	1,573,046
Total additions	6,314,276
DEDUCTIONS:	
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid to participants	577,808
Administrative expenses	1,288
Total deductions	579,096
Net increase	5,735,180
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	16,726,822
End of year	$ 22,462,002

The accompanying notes are an integral part of the financial statements

CECO ENVIRONMENTAL 401(k)
SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2009

1. DESCRIPTION OF PLAN

The following description of CECO Environmental 401(k) Savings and Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering all full-time employees of The Kirk & Blum Manufacturing Company, CECO Environmental Corporation, KBD/Technic, Inc., CECO Filters, Inc., CECOaire, CECO Abatement, Effox Inc., H. M. White, Inc., Fisher-Klosterman, Inc., AVC Specialists, Inc., and Busch International (wholly-owned subsidiaries of CECO Group, Inc.) (collectively, the "Company"), who have one month of service and are age eighteen or older. Individuals employed under a collective bargaining agreement, independent contractors, and leased employees are not eligible to participate in the Plan. Employees classified as CECO abatement systems are not eligible to receive an allocation of employer discretionary non-matching contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA).

The Sponsor's Retirement Plan Committee and the Plan Administrator control and manage the operation and administration of the Plan. The Retirement Plan Committee has all powers necessary to carry out the provisions of the Plan and to satisfy the requirements of any applicable law. PNC Bank, N.A. is trustee and record keeper of the Plan.

Effective January 1, 2008, the Plan was amended to decrease participant service requirements to 30 days, remove vesting service requirements for all current and future balances, change the employer matching contribution calculation, and implement automatic enrollment.

Contributions - Each year, participants may contribute up to 22 percent of pre-tax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified plans. Eligible employees who fail to make a positive election to participate or decline participation will be automatically enrolled in the Plan with an increasing contribution amount of 3 percent in the first year to 6 percent in the fourth and later years, not to exceed 10 percent. Participants direct the investment of the contributions into various investment options offered by the Plan. The Plan currently offers twenty mutual funds in addition to a collective investment fund as investment options for participants. The Company has a discretionary matching contribution equal to a percentage of the amount deferred by the participant. This percentage is determined each year by the Company. For the year ended December 31, 2009, the Company contributed an amount equal to 100 percent of the first 1 percent and 50 percent of the next 5 percent of eligible compensation deferred by a participant. Additional amounts may be contributed to the Plan

1. **DESCRIPTION OF PLAN** (Continued)

at the Company's option. Participants must have 1,000 hours of credited service, as defined, and must be employed on the last day of the Plan year to share in any additional Company contributions. Contributions are subject to certain limitations.

Participant Accounts - Each participant's account is credited with the participant's contribution and allocations of the Company's contribution and Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon, as well as in all Company contributions.

Participant Loans - Participant loans are permitted in the Plan if a participant obtained the loan under a previous retirement plan sponsored by an entity acquired by the Company. In these instances, the loans are transferred into the Plan and participants continue to repay them. Principal and interest is paid ratably through weekly or bi-weekly payroll deductions. The loans are secured by the balance in the participant's account and bear interest at rates that range from 6.00 percent to 10.25 percent, which are commensurate with local prevailing rates as determined under the previous plans. No new loans may be initiated under the terms of the Plan.

Payment of Benefits - On termination of service, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over a specified period. The Plan also permits in-service withdrawals in which participants must attain age 59½ in order to withdraw amounts contributed through salary deferral or by the employer. Amounts contributed as rollover contributions or transferred from other plans may be withdrawn at any time.

Forfeited Accounts - At December 31, 2009 and 2008, there were no forfeited nonvested amounts. Forfeitures under the Plan are first used for the restoration of participant forfeitures and then to reduce Company contributions. Employer contributions were reduced by $485 during the year ended December 31, 2009.

2. **SUMMARY OF ACCOUNTING POLICIES**

Basis of Accounting - The financial statements of the Plan are prepared using the accrual method of accounting.

2. **SUMMARY OF ACCOUNTING POLICIES** (Continued)

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. In addition, when the Plan invests in a collective trust fund that holds fully benefit-responsive investment contracts, the fair value of the investment in the trust should be reported in investments on the face of the statement of net assets available for benefits. The statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 9 for discussion of fair value measurements.

Payment of Benefits - Benefits are recorded when paid.

Subsequent Events - Subsequent events have been evaluated through October 6, 2010, the date the financial statements were available to be issued.

3. **PNC INVESTMENT CONTRACT FUND**

The Plan has elected the PNC Investment Contract Fund as an investment option. This fund is a collective trust fund investing in fully benefit-responsive investment contracts.

As discussed in Note 2, because the trust fund is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by the trustee, represents contributions made under the fund, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their

3. **PNC INVESTMENT CONTRACT FUND** (Continued)

investments at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. Crediting interest rates are typically reset on a monthly or quarterly basis.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Examples of such events are, but not limited to: partial or complete termination of the Plan's interest in the fund, tax disqualification of the Plan or certain fund amendments if issuers' consent is not obtained. The Plan Administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with the participants, is probable.

	2009	2008
Average Yields:		
Based on actual earnings	2.43%	5.11%
Based on interest rate credited to participants	2.19%	3.77%

4. **INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)**

The following is a summary of unaudited information regarding the Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, included in the Plan's financial statements and supplemental schedule that was prepared by the trustee of the Plan, PNC Bank, N.A., and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that such information is complete and accurate. Investments greater than 5 percent of the Plan's net assets are separately identified below:

	2009	2008
PNC Investment Contract Fund, at fair value, 602,546 and 528,940 shares, respectively	$1,935,080	$ 1,600,032
Vanguard 500 Index Fund, 16,494 and 14,600 shares, respectively	1,693,396	1,213,112
Growth Fund of America, 81,740 and 81,687 shares, respectively	2,233,958	1,672,963
American Century Equity Income, 163,864 shares	*	986,460
Washington Mutual Investors, 66,046 and 76,068 shares, respectively	1,627,370	1,628,614
Federated MDT Advisors All Cap Core Fund, 222,687 and 244,845 shares, respectively	2,438,420	2,269,715
MFS International New Discovery, 90,219 and 82,195 shares, respectively	1,634,774	1,021,685
Federated Total Return Bond, 196,066 and 137,926 shares, respectively	2,131,234	1,404,090
Federated Kaufmann, 258,356 shares	1,203,937	*

4. **INFORMATION CERTIFIED BY TRUSTEE (UNAUDITED)** (Continued)

	2009	2008
American Balanced Fund, 71,917 shares	1,165,773	*
Other investments, none greater than 5 percent of net assets available for benefits	6,307,335	4,759,502
Participant loans	32,180	63,057
	$22,403,457	$16,619,230

* - Investment did not exceed 5 percent of the Plan's net assets.

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) increased (decreased) in value, as certified by the Plan's trustee, as follows:

Net appreciation in fair value of investments:	
Mutual funds	$3,747,809
Collective investment fund	101,124
	$3,848,933
Dividends	$ 307,490
Interest on participant loans	$ 3,882

All investments of the Plan are participant directed.

5. **ADMINISTRATION OF PLAN ASSETS**

Certain administrative functions are performed by officers or employees of the Company. No officer or employee receives compensation from the Plan. Certain expenses associated with maintaining the Plan are paid by the Company and are not included in the Plan's financial statements. Administrative expenses owed to the providers of certain mutual funds are paid by the Plan.

6. **PLAN TERMINATION**

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

7 **PARTY-IN-INTEREST**

PNC Bank, N.A. is the trustee as defined by the Plan and, therefore, these transactions qualify as

7 **PARTY-IN-INTEREST** (Continued)

party-in-interest transactions. Fees paid by the Plan to PNC Bank, N.A. for administrative services amounted to $1,288 for the year ended December 31, 2009.

8. **TAX STATUS**

The Company adopted a prototype non-standardized profit sharing plan with a cash or deferral arrangement which received a favorable opinion letter from the Internal Revenue Service (IRS) on November 19, 2001, which stated that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan and prototype plan have been amended since receiving the determination letter. The Plan Administrator believes the Plan is designed and is being operated in compliance with the applicable provisions of the Internal Revenue Code.

9. **FAIR VALUE MEASUREMENTS**

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level one measurements) and the lowest priority to unobservable inputs (level three measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level One - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level Two - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level two input must be observable for substantially the full term of the asset or liability.

9. **FAIR VALUE MEASUREMENTS** (Continued)

Level Three - Inputs to the valuation methodology are unobservable and significant to the overall fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Collective Investment fund: Valued based on the fair value of the underlying securities, which consist of the following: short-term investments valued at cost (which approximates fair value); fixed-income securities valued by independent pricing services which employ various methods including exchange-quoted prices, quotes from relevant dealers or market-makers, or matrix pricing; and wrapper contracts valued at discounted present value of the difference between the current contract and replacement cost.

Participant loans: Valued at amortized cost, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair value. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

	Assets at Fair Value at December 31, 2009			
	Level One	Level Two	Level Three	Total
Mutual funds:				
Income funds	$ 2,131,234	$ -	$ -	$ 2,131,234
Growth and income funds	5,013,522	-	-	5,013,522
Growth funds	9,085,229	-	-	9,085,229
Aggressive growth funds	4,206,212	-	-	4,206,212
	20,436,197	-	-	20,436,197

9. **FAIR VALUE MEASUREMENTS** (Continued)

	Assets at Fair Value at December 31, 2009 (Continued)			
	Level One	Level Two	Level Three	Total
Collective investment fund	-	-	1,935,080	1,935,080
Participant loans	-	-	32,180	32,180
Total assets at fair value	$20,436,197	$ -	$1,967,260	$22,403,457

	Assets at Fair Value at December 31, 2008			
	Level One	Level Two	Level Three	Total
Mutual funds	$14,956,141	$ -	$ -	$14,956,141
Collective investment fund	-	-	1,600,032	1,600,032
Participant loans	-	-	63,057	63,057
Total assets at fair value	$14,956,141	$ -	$1,663,089	$16,619,230

The following table sets forth a summary of changes in the fair value of the Plan's level three assets for the year ended December 31, 2009:

	Level Three Gains and Losses	
	Collective Investment Fund	Participant Loans
Balance, beginning of year	$1,600,032	$63,057
Realized gains	6,015	-
Unrealized gains relating to instruments still held at the reporting date	95,109	-
Purchases, sales, issuances and settlements (net)	233,924	(30,877)
Balance, end of year	$1,935,080	$32,180

10. **RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

11. **RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for plan benefits from the financial

11. **RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500** (Continued)

statements to the Form 5500:

	December 31, 2009	December 31, 2008
Net assets available for plan benefits - financial statements	$22,462,002	$16,726,822
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	(4,877)	(66,234)
Net assets available for plan benefits - Form 5500	$22,457,125	$16,660,588

The following is a reconciliation of net appreciation in fair value from the financial statements to the Form 5500:

	For the Year Ended December 31, 2009
Net appreciation in fair value of investments - financial statements	$3,848,933
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	61,357
Aggregate net gain on sale of assets, unrealized appreciation and net investment gain - Form 5500	$3,910,290

SUPPLEMENTAL SCHEDULE

Schedule 1

CECO ENVIRONMENTAL 401(k) SAVINGS AND RETIREMENT PLAN

EMPLOYER IDENTIFICATION NUMBER 31-0341570 PLAN NUMBER 003
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

December 31, 2009

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	PNC Investment Contract Fund	Collective Investment Fund	Participant Directed	$ 1,935,080
	Artisan Mid Cap Value Fund	Mutual Fund	Participant Directed	387,275
	Vanguard 500 Index Fund	Mutual Fund	Participant Directed	1,693,396
	Growth Fund of America	Mutual Fund	Participant Directed	2,233,958
	Washington Mutual Investors	Mutual Fund	Participant Directed	1,627,370
	AIM Small Cap Growth	Mutual Fund	Participant Directed	957,679
	Federated Total Return Bond	Mutual Fund	Participant Directed	2,131,234
	Federated MDT Advisors All Cap Core Fund	Mutual Fund	Participant Directed	2,438,420
	American Balanced Fund	Mutual Fund	Participant Directed	1,165,773
	America Century Equity Income	Mutual Fund	Participant Directed	1,118,144
	American Century Conservative Fund Advisor	Mutual Fund	Participant Directed	239,967
	American Century Moderate Fund Advisor	Mutual Fund	Participant Directed	862,268
	American Century Aggressive Fund Advisor	Mutual Fund	Participant Directed	469,716
	Federated Kaufmann	Mutual Fund	Participant Directed	1,203,937
	Federated Mid Cap Index	Mutual Fund	Participant Directed	335,742
	Royce Premier	Mutual Fund	Participant Directed	938,801
	MFS International New Discovery	Mutual Fund	Participant Directed	1,634,774
	Third Avenue Small Cap Value	Mutual Fund	Participant Directed	95,779
	Federated Kaufmann Small Cap	Mutual Fund	Participant Directed	409,822
	Harbor Capital Appreciation Fund	Mutual Fund	Participant Directed	288,614
	Harbor International Fund	Mutual Fund	Participant Directed	203,528
*	Participant Loans	Interest rates ranging from 6.00% to 10.25% maturing through May 2012	Participant Directed	32,180
				$ 22,403,457

* Represents party-in-interest

Schedule 2

CECO ENVIRONMENTAL 401(k) SAVINGS AND RETIREMENT PLAN

EMPLOYER IDENTIFICATION NUMBER 31-0341570 PLAN NUMBER 003
Schedule H, line 4j - Schedule of Reportable Transactions

For the Year Ended December 31, 2009

NOT INCLUDED IN 2009

	(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or loss
	Individual Reportable Transactions:						
	American Century Equity Growth	Mutual Fund	N/A	$ -	$ -	$ -	
	Bond Fund of America	Mutual Fund	N/A	-	-	-	
	Federated MDT Advisors All Cap Core Fund	Mutual Fund	-	N/A	-	-	N/A
	Federated Total Return Bond	Mutual Fund	-	N/A	-	-	N/A
	Reportable Transactions by Series:						
	NONE						

Schedule 1

CECO ENVIRONMENTAL 401(k) SAVINGS AND RETIREMENT PLAN

EMPLOYER IDENTIFICATION NUMBER 31-0341570 PLAN NUMBER 003
Schedule H, line 4i - Schedule of Assets (Held At End of Year)

December 31, 2009

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	PNC Investment Contract Fund	Collective Investment Fund	Participant Directed	$ 1,935,080
	Artisan Mid Cap Value Fund	Mutual Fund	Participant Directed	387,275
	Vanguard 500 Index Fund	Mutual Fund	Participant Directed	1,693,396
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	Harbor International Fund	Mutual Fund	Participant Directed	203,528
*	Participant Loans	Interest rates ranging from 6.00% to 10.25% maturing through May 2012	Participant Directed	32,180
				$ 22,403,457

* Represents party-in-interest

PNC INSTITUTIONAL INVESTMENTS
Member PNC Financial Services Group

CERTIFICATION FOR ENCLOSURE WITH FORM 5500

We certify that pursuant to Department of Labor Regulations §2520.103-9(c) the Fund Trustee will file with the Department of Labor on or before the filing due date a Form 5500 for the 2009 calendar year for the collective trusts listed below. This filing will include an annual Statement of Assets and Liabilities for the following PNC Bank Collective Investment Trust Funds held by Employee Benefits plans:

FUND	TRUST NO.	FUND EIN
PNC EBT Investment Contract Fund	1028398	25-1197336

We also certify that we will furnish, to the Administrator or Sponsor for each participating plan, a copy of the most recent Statement of Assets and Liabilities of the above funds.

PNC Bank, N.A.

I, Bonnie Fawcett, Vice President, certify the accuracy and completeness of the information provided in this certification and in the above-described Statement of Assets and Liabilities.

Sincerely,

Bonnie Fawcett
Vice President
Director, Vested Interest

The PNC Financial Services Group, Inc. ("PNC") provides investment and wealth management, fiduciary services, non-discretionary defined contribution plan services and investment options, FDIC-insured banking products and services and lending and borrowing of funds through its subsidiaries, PNC Bank, National Association, PNC Bank, Delaware and National City Bank, which are Members FDIC. PNC does not provide legal, tax or accounting advice. PNC does not provide investment advice to Vested Interest plan sponsors or participants.

Investments: Not FDIC Insured. No Bank Guarantee. May Lose Value.